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ABSTRACT

A study evaluated shared learning in educational programs preparing students for employment as nurses, midwives, and health visitor teachers in the United Kingdom. Data were collected from the following: descriptive survey of 17 centers preparing teachers in nursing/midwifery/health visiting (response rate, 12 centers); interviews with course leaders at 5 of the centers; survey of 58 program completers and interviews with 17 newly qualified teachers from the 5 centers; and interviews with 8 mentors and 4 managers in colleges of nursing/midwifery. Most centers promoted shared learning activities, albeit to different extents. Half the centers focused on shared learning solely from a theoretical perspective. Little evidence of application of the principles of shared learning within the teaching practice component of the curriculum was found. Consensus regarding the objectives of shared learning was lacking; however, there was general agreement on the potential benefits and barriers to shared learning. It was determined that teachers of nursing/midwifery/health visiting are already in shared learning environments incorporating other health professionals and professionals from a wider framework of general education. (Twenty-five tables/figures are included. Appended are the following: study questionnaires and cover letters, interview schedules, and table detailing new teachers' definitions of shared learning/shared teaching/team teaching. Contains 62 references.) (MN)

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ED 390 998

AN EVALUATION OF SHARED LEARNING IN EDUCATIONAL PROGRAMMES OF PREPARATION FOR NURSE, MIDWIFE AND HEALTH VISITOR TEACHERS

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Responsibility for the views expressed, issues of interpretation, questions of inclusion and omission, remain always with the Research Team and do not necessarily reflect the views of the English National Board for Nursing, Midwifery and Health Visiting.

An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

The Board is pleased to publish the report which evaluates shared learning in educational programmes of preparation for nurse, midwifery and health visitor teachers. Shared learning is defined here as `a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes.' The research followed the illuminative evaluation tradition and employed mixed methods including descriptive survey, semi-structured and telephone interviews. These generated a range of qualitative and statistical data for analysis, which contributed to the descriptive and interpretative potential of the report.

The evaluation was achieved through analysis of curricula and exploration of teaching and learning activities within the approved programmes. Shared learning outcomes were compared to those of traditional programmes. The appropriateness of shared learning within the changing context of nurse education is discussed and a number of important perspectives emerge which may inform the future development of teacher education policy.

Through a variety of means the Board ensures that education for practice continues to be relevant both professionally and academically. Research based evidence provides a further dimension for the development of policy. The findings from all the research commissioned by the Board will be considered with a view to confirming or developing the Board's educational policies.

Chairman of the Board

Chairman of the Research & Development Group

Abstract

This report describes a project designed to evaluate shared learning in educational programmes of preparation for nurse midwifery and health visitor teachers.

The review of the literature indicated a dearth of research into shared learning and teachers' roles. Consequently, an illuminative evaluation approach was taken to the research component of this study. Quantitative and qualitative data was collected from lecturers on teacher preparation programmes, new teachers who had recently completed these programmes, and from more experienced teachers working in colleges of nursing and midwifery.

The study has demonstrated a number of shared learning initiatives in teacher preparation centres and colleges of nursing and midwifery. The findings indicate general agreement about the value of shared learning in professional education although there was little agreement as to the objectives of shared learning in the curriculum. Resource issues were considered important, a situation that has implications for future planning. There was little evidence in this study to demonstrate that shared learning has an impact on clinical practice.

The preparation teachers' require for facilitating shared learning was explored. The type of preparation deemed necessary was not easily identifiable. Some minority groups felt their needs were not met in shared learning environments. Although evidence of 'good practice' was found in some individual approaches to shared learning, it was not so readily identifiable at institutional level.

Acknowledgements

A number of people willingly gave their time and energy to the development of this project This included the staff and students from the pilot centre who spent a lot of time in preliminary discussions as this project was developed. Staff in teacher preparation centres were very helpful in responding to general inquiries, completing questionnaires and subsequently participating in interviews. A similar pattern was adopted by the teachers involved in this study who willingly gave of their time at what was, for most, a very busy period of transition as a result of educational changes. Grateful thanks are extended to the all of these groups for their helpful insights into shared learning.

Finally thanks are extended to other colleagues who provided useful insights and advice as the project developed and particularly to the members of the Steering Group for providing support and advice as this project was developed.

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SECTION 1: INTRODUCTION AND BACKGROUND

This report describes a project designed to evaluate the impact of shared learning in educational programmes of preparation for nurse, midwife and health visitor teachers. The purpose of the project was to make recommendations to the English National Board about the relevance and appropriateness of shared learning for teacher preparation.

The project has been developed against a background of change in the organisation of education for health professions. In recent years the management of health and social care has undergone major review. This has had implications for education and training of all health and social care professions. The consequences for the preparation of nurse, midwive and health visitor teachers can be seen in the fundamental changes in the development and provision of programmes of education at all academic levels.

These changes can be seen in the gradual relocation of health care education into higher education. The impact of such has resulted in the changing approaches to curriculum development, notably in the provision of modular programmes. One of the features of modular programmes in higher education is that they create a capacity for students from different disciplines to learn together. This reflects the changes in health care delivery where there is an increased emphasis in teamwork in contrast to defined roles for discrete professional groups or disciplines.

The integration of colleges of nursing and midwifery with higher education, where health visitor education is already located, has challenged established models of professional education and created an interest in shared learning between wider professional groups. This study explored some of the issues in relation to the preparation of teachers of nursing, midwifery and health visiting, in the context of these changes.

During the course of this project it became increasingly evident that teachers will be required to work much more collaboratively with colleagues to facilitate shared learning within multi-disciplinary health care provision in the future. Nurse, midwifery and health visitor teachers will be working in higher education to deliver new programmes alongside teacher from other professions. This will bring many challenges in collaborating and developing approaches to shared learning in the future education of health care practitioners.

Consequently, it can be assumed that the preparation of teachers for their future role must incorporate the achievement of appropriate skills to facilitate education for the future. There are a number of issues surrounding this preparation such as how best to facilitate interactive learning and collaborative working relationships in health and social care education.

The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1992) and the ENB (1995) have declared their support for shared learning environments between nurses, midwives and health visitors, and between this group and other professions and disciplines within the health care sector. This innovation will need consideration by institutions concerned with the development needs of present teachers, and the preparation of future teachers, to ensure adequate facilitation of shared learning environments.

To date no other study has examined the issue of shared learning from the perspective of the teacher. Consequently, this study will contribute to this under researched area, and the findings may be used to gauge the developments in shared learning in teacher preparation.

1.1 DEFINITION OF SHARED LEARNING

The numerous issues surrounding definitions of shared learning are discussed in Section 2 of this report (see page 6). For the purpose of clarity within this report, when referring to teacher preparation, shared learning has been defined as

> ***'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes' (ENB 1990).***

This suggests that student teachers are purposefully grouped together to learn from and about each other within the curriculum context. In viewing the curriculum in the context of theory and practice it can be assumed that student teachers would share learning within the classroom and in the application of their skills during placements.

1.2 AIMS OF THE PROJECT (as cited in the Project specification)

The aim of the project was to evaluate the shared learning in educational programmes of preparation for nurse, midwife and health visitor teachers. The project specification stated that the study would include the following;

a) An investigation to ascertain the extent, within board approved programmes, to which shared learning occurs in educational programmes for the preparation of nurses, midwife and health visitor teachers.

b) An examination of the curricula of educational programmes of preparation of these teachers to investigate the areas of shared learning in terms of content, both written and taught, teaching / learning methods, assignment and teaching practice placements.

c) An investigation into the practice and effects of shared learning in contrast to the separate approaches, as perceived by current teacher students, newly qualified teachers, experienced teachers, teaching staff involved in the teacher preparation programmes and education managers within nurse, midwife and health visitor education

d) An investigation to clarify the appropriateness of shared learning within a wider health professional framework for teacher preparation

SECTION 2: LITERATURE REVIEW

The compilation of groups within a shared learning environment is frequently referred to as inter-professional or multi-disciplinary education. The following review gives an indication of the research initiatives in inter-professional education in Britain. The definition quagmire is addressed along with some of the issues that have impact on the development of shared learning environments. The section concludes with a summary of some current research initiatives and how the literature review influenced the study reported here.

Introduction

Collaboration between professional bodies in developing inter-professional initiatives has been in existence for some time, for example in educational programmes for care of people with learning difficulties (GNC & CCETSW 1982; 1983), and primary health care teams (Council for the Education and Training of Health Visitors, 1983). Recent advances and research into multi-disciplinary education relate to the impact of the World Health Organisation (WHO 1984; 1985) initiative to encourage 'Health for All by the year 2000' and the government response contained in *The Health of the Nation: Strategy for Health in England* (Secretary of State for Health, 1992). This White Paper and other government policies, emphasised the need for active partnerships between organisations and individuals, in working together to improve health. This focus on alliances requires multi-disciplinary solutions supported by multi-disciplinary education (DOH, 1993).

The UKCC (1992, p1-2) issued a policy position for shared learning. Institutions concerned with future educational initiatives for nurses, midwives and health visitors are required to adhere to the framework of this policy which declares the following:

1. *the term 'shared learning' should be used in place of the potentially misleading terms 'joint' or 'shared' training.*

2. *the Council firmly supports the principle of shared learning within the context of discrete, or professional-specific, professional practice, as shared learning:*

    2.1 increases the scope for collaboration and co-operation in care;

2.2 increases the level of understanding between members of the care team

2.3 increases cost effectiveness in respect of areas relating to the development of skill common to more than one discipline.

3. *the Council recognises that in some areas of care, practice may not always be specific to one profession. In such circumstances, the principles and requirements set out (in this letter) would still apply.*

4. *any initiatives leading to shared learning within pre and post-registration nursing, midwifery and health visiting must meet the requirements of this Council and the National Boards for Nursing, Midwifery and Health Visiting.*

The consumers of health care have expressed their desire to receive integrated services which reflect their needs rather than emphasising professional boundaries (ENB, & CCETSW, 1992). This suggests that the inclusion of other agencies such as the voluntary services along with professional groups in shared learning initiatives is essential to successful outcomes. These changes require more than collaborative efforts between different professional groups in the development and delivery of programmes. In addition, greater flexibility in educational pathways and multi-disciplinary approaches to teaching are required.

The implications of these policies for education at pre-qualifying and post-qualifying level, have been recognised by educators in the development of P2000 curricula, flexible pathways, and modes of learning, in continuing education and through higher education within a multi-disciplinary context (DOH, 1993).

Inter-professional and Statutory Bodies now explicitly encourage the development of multi-disciplinary shared learning and actively promote collaborative educational initiatives. There are some conjoint-validation of programmes. A national survey by the Centre for the Advancement of Interprofessional Education (CAIPE) in 1988 identified over 500 education or training initiatives, and it may be anticipated that this number will be much greater when the final results of their second on-going survey are reported

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(Horder, 1992). This assumption can be attributed to the rapid increase in modularised programmes, along with the trend to utilise a common core approach in education between professionals, and the movement/mergers with Higher Education.

Several studies have identified the structures, ideologies, and collaborative efforts in the development, implementation and evaluation of multi-disciplinary education and training initiatives However, the literature review indicated, that there is a dearth of information on 'shared learning' in teacher preparation programmes for nursing, midwifery, and health visiting. The focus of research on shared learning experiences for health professionals, seems to be mainly within inter-professional programmes of community care. Shared learning initiatives are addressed in different levels of education for health carers. This includes shared experiences within specific environments, organisational strategies for shared learning, and the benefits and barriers of this approach. However, the processes involved in sharing experiences are not significantly identified. A contributory factor to this, may be the lack of clarity of definition in shared learning.

Shared Learning Defined

The literature review indicated that a variety of terms are used to address the concept of shared learning. The broad term 'dual enrolment' was introduced into the thesaurus of the Educational Resources Information Centre (ERIC) database in 1968 and relates to the enrolment of students in two schools at the same time. Shared learning is incorporated within this but only as part of the broader consideration of the impact of consortia, co-operative programmes, institutional co-operation, shared resources and services.

The list of permitted terms - job sharing; resource sharing; revenue sharing; sharing behaviour; time sharing; and work sharing are combined under the keyword 'sharing'.. The keyword 'shared' identifies; facilities, resources, services, time (computers) and time (education). This suggests the use of the broad term 'dual enrolment' when shared educational time is required. Using 'dual enrolment' as a keyword on the database 56 references were identified, most of which are not related to the preparation of teachers, or for their role in facilitating shared learning.

A further term used to describe shared learning is 'partnerships in education'. This is defined as:

> *'Collaborative arrangements and endeavours between and among schools and other entities (corporate enterprises, community agencies student/parent/citizen groups, colleges, other schools, individuals etc.) designed to share resources, achieve common goals and foster educational achievement, improvement, and reform'* (CIJE, 1995 p325).

This term 'collaboration' is used in general education literature to signify shared decision making between various bodies in policy development. This is also reflected in the definition of shared learning used by the English National Board (ENB) and the Central Council for Education and Training of Social Workers (CCETSW);

> *'Mutual learning opportunities within programmes/courses or the workplace which meet the professional standards identified by the statutory bodies* (CCETSW/ENB 1992 p 1).

Another definition of shared learning was cited by the ENB (1990) in which shared learning was described as a planned approach or strategy within a curriculum leading to shared knowledge and experience between groups.

The term 'discipline' usually encompasses all, or some, of the disciplines allied to medicine including the health and social care professions. Terms such as; inter-professional learning, inter-disciplinary learning, intra-disciplinary learning, multi-disciplinary learning, trans-disciplinary learning, mutual learning, dual learning, and joint training are all used in the literature and usually signify the sharing of experiences between groups and/or individuals. There are different schools of thought implicit in the use of such terms, for example , if the direct translation is used 'inter' means between, 'intra' means within, 'multi' is many, 'trans' refers to across. Inter-professional is sometimes viewed as between two disciplines only, and in contrast to 'multi-professional'. In academic terms, multi-disciplinary learning can refer to various academic disciplines outside the boundaries of health and welfare, while multi-professional and inter-professional learning can be viewed within the boundaries of health and welfare professions within a shared context (Leathard, 1994).

This lack of clarity in definition of terms relating to shared learning initiatives produces both a problem and challenge to researchers exploring shared learning and is not only confined to the available sources in the English literature. Clark (1993) addressed the nomenclature in America within the realms of education in care of the elderly suggested that shared learning may be differentiated in the following way:

> **uni-disciplinary** - students are all from the same discipline or profession and the aim of educational programmes is to emphasise mastery of a specific body of knowledge and skills attainment is characteristic of that profession
>
> **multi-disciplinary** - many different perspectives afforded by several different academic 'disciplines' however, sharing in this educational setting is probably more incidental than planned but running on parallel tracks
>
> **inter-disciplinary or inter-professional** - these terms are often used interchangeably and suggest that sharing commonalties in lines of communication are the norm between participants and that participants can integrate and modify their thought processes. It is suggested that such programmes should be co-taught by a team of teachers to provide team-based role models for participants.

Clark (1993) proposes that confusion is created not only by these various definitions but also through diverse settings, contexts, and levels in which the nomenclature of shared learning is applied and questions whether sufficient attention to is given to these variables.

The distinction between multi-professional learning and inter-professional learning has been simplified by reference to multi-professional as common learning needs and inter-professional as learning about and working with, each other. The latter therefore, relies on interactive learning and additional skills on the part of the teacher (Barr, 1994). In assuming this distinction multi-professional learning for health professionals has become more widespread with the introduction of modular programmes within the context of higher education. Modular programmes can facilitate large group size. In contrast, interprofessional shared learning would suggest a different strategy to teaching as it relies on interaction and it is reasonable to assume that this would be better accommodated within smaller groups.

Shared learning initiatives at both pre and post qualifying levels have been addressed in Britain. Some of these initiatives will be referred to in the following discussion.

Themes in the literature

In the literature review the following aspects were highlighted as common themes for debate in the development of shared learning initiatives;

(a) Language identification
(b) Professional perspectives
(c) Joint decision-making
(d) Benefits & barriers to shared learning
(e) Curricular issues

(a) Language Identification

Inter-professional co-operation or shared learning within disciplines, suggests that language similarities/differences and therefore good communication are the initial key to success. Pietroni (1992) illustrates how communication between health care professionals is hindered by diversity of language. He describes 11 different sub-sets that are in use such as: *medical/molecular/material; social/cultural/epidemiological; psychological/psychomatic/psychoanalytical; prevention/promotion/education,* thus suggesting barriers to collaboration and sharing. This work indicates that links between language, thought, culture and ideology should be addressed within health care professions if sharing and inter-professional care boundaries are crossed.

Linked with the issue of language there is a need for evaluation of the benefits of inter-professional training in communication skills. Steps have been taken to facilitate collaboration and communication through common patient/client records (Tait, 1992), group practices, and joint educational sessions. The national survey of inter-professional learning (Horder, 1992) indicated that in 1988 there were a high number of collaborative programmes for health professionals, yet the processes in communication and shared learning are not always addressed. This illustrates the point that learning together is one thing, learning from and about each other is quite another (Barr, 1992; Thurgood, 1992).

Research studies suggest that participants in shared learning experiences should have a greater appreciation of expertise in their own and other professions and be able to break down unhelpful stereotypes through identification of shared skills and values. This shared appreciation could lead to greater understanding and fruitful working relationships provided the educational initiatives are carefully planned (Clark, 1993).

(b)Professional perspectives

It appears from the literature review that the present position of professional status within health care and the potential demarcation or dilution of boundaries needs to be addressed in the context of shared learning initiatives. The boundaries between professional groups have traditionally been maintained through claims to specific knowledge and competence to practice individually or as a group. These boundaries are being diluted with the changing focus on health and welfare services, and inter-professional, and inter-agency collaboration. Dilution of boundaries are particularly notable in community care.

Professionalism is also challenged by the changing structure of education with the introduction of NVQs and the proposed additional levels (DES, 1991). These changes have far reaching implications for the status of professions (Barr, 1994). One of the many debatable implications is concerned with the blurring or dilution of professional boundaries. There are a number of issues applicable to professional perspectives and shared learning outwith the scope of this review. Suffice to say, that shared learning between professions and disciplines cannot be viewed in isolation of the far reaching implications from the political, economical, educational and cultural perspectives.

(c) Joint decision making

A compilation of the national bodies and organisations who collaborate and promote inter-professional education and practice is well documented (see Leathard, 1994). There is evidence of joint decision making in the development of strategies and policies for shared learning within education for health care professionals. For example the CCETSW and ENB statutory bodies identified their strategy for 1992-1993 as:

- to prepare guidelines on shared learning at all levels for educators/trainers

- to develop a core module for Community/Practice Teachers/Supervisors to include community nurses, health visitors, social workers and occupational therapists.
- to review joint initiatives in learning disabilities
- to identify shared learning at all levels and publish models of good practice to promote sharing across the professions
- to publish an in-house programme of joint work
- to identify a timetable and process to implement joint work, in particular policy implementation in relation to community care.

Mathias & Thompson (1992) look at the developments in joint validation of courses in learning disabilities and social work education in the eighties. Since 1979 when the Jay Report created a need for change, the statutory bodies for nursing and social work saw similarities in their work and took the opportunity to initiate inter-professional training. Over a decade onwards there is a need to continue these developments with the onset of Project 2000 (UKCC, 1986) and the Community Care Act (DOH, 1989). The conclusion drawn by Mathias & Thompson is that the real opportunity in the 1990s could be the use of competence-based learning in order to produce qualifications relevant across professions which can be related to the standards of the services, which of course enters into the National Council of Vocational Qualifications (NCVQ's) framework (Hevey, 1992). Other inter-professional and inter-agency initiatives are addressed in recent publications (for example; Hornby, 1993; Soothill, et al, 1995).

Some pertinent issues are highlighted in the literature, around the purchasing and provision of education, within a shared learning framework, and the educational systems utilised for this approach (Weinstein, 1993). The key to collaboration may be to establish how different levels and ranges of expertise can be successfully co-ordinated to provide an efficient, effective and appropriate service for consumers. The CCETSW/ENB (1992) suggest that a career and professional development structure is needed to facilitate successful collaboration and achievement of these goals.

Discussion and debate surrounds the ideology of inter-professional education and the political and economical context (Horder, 1993; Barr, 1992; Webb, 1992). The issues regarding such strategies as policy development, funding and delivery of education are as yet ill defined. Horder (1993)states that ;

> *'Interprofessional education has two meanings. At one level it is understood to be directly concerned with service development and is often undertaken at the workplace. At the other, it means those forms of higher education which are necessary to provide a wide view and which enable professions to gain a deeper understanding of the organisation in which they work and their relationship with other professionals'* (Horder, 1993 p71).

(c) Benefits of and Barriers to Shared Learning

The potential benefits of shared learning have been identified by CCETSW and the ENB (1992) as enriching the personal and professional development of participants. In developing understanding between the care team this approach increases the scope for collaboration and co-operation in care. Furthermore shared learning increases cost effectiveness in respect of areas relating to the development of skills common to more than one discipline. In summary the suggestion is that shared learning enhances professional development rather than diluting it.

Jenny Weinstein (1993) looked at the barriers to implementing successful inter-professional training programmes between 1990-1993. Through action research she studied initiatives to establish joint courses for the preparation of practice teachers from occupational health, community nursing and social workers. This Joint Practice Teaching Initiative (JPTI) was sponsored by CCETSW, the ENB and the College of Occupational Therapists (COT) and Government funded. The results of this study indicated seven main barriers to implementing inter-professional training programmes:

- absence of firm links with service providers and purchasers of training
- pre-occupation of project participants with change and reorganisation
- underlying fears that joint training will contribute to the erosion of the professions
- insufficient time available to devise a genuinely collaborative programme which addresses issues of language , values, content and levels to the satisfaction of students
- lack of support and consultation to individual pilots/projects
- the complex and divisive nature of the structure of the core module
- the need for flexible approaches with creditation systems

Further developments of this work are currently taking place.

(d) Curricular issues

Multi-disciplinary education for health professionals/disciplines is based on the assumption that if they learn together they will work together more effectively. Therefore, the structure of educational programmes and the process of sharing should influence the educational outcomes. Presently researchers are exploring means of identifying a typology of shared learning.

Audrey Leathard (1994) gives a succinct account the developments in inter-professional education in Britain and elsewhere. She describes the trends in these developments within the framework of two models, namely, the shared learning model and the inter-professional model. The primary objective of shared learning is viewed as educational and involves two or more professional groups learning together within a multi-disciplinary context. These programmes are delivered mainly as common core modules with specialist elements presented as separate components. Leathard proposes that the inter-professional education model differs from the shared learning model, as the focus is primarily on inter-professional work and interactive learning between the different professional groups. These models suggest that shared learning can encompass different modes of interaction and the focus of sharing can vary.

Recent research (Gill & Ling, 1995) has contributed to the development of conceptual frameworks for research. The researchers proposed five differing models of inter-professional shared learning: the traditional model; the reformed model; the reformed autonomous model; the convergent model; and the specific focus model. The focus of interaction is fundamental to the potential outcomes of these models. Within a traditional framework professionals learn separately about each others' roles. The 'reformed model' focuses on shared content within a common core structure, while in the 'reformed autonomous model' the focus is on the process of shared learning but not role specific. In the proposed 'convergent model', both the content and process of learning, are directed towards working together across boundaries. The 'specific focus' model is directly concerned with professionals working together and aims to enhance their knowledge and skills in a specific aspect of their role. Thus suggesting that structure of these models will vary along with various levels of interaction and reflection.

If shared learning relies on interactive learning methods the teacher needs the skills and creativity in teaching strategies to facilitate the process of shared learning. Recent curricular developments in pre-registration and continuing education for nurses, midwives and health visitors have followed a pathway towards interactive learning. This is most apparent in the efforts made to develop reflection on practice. Moreover, Schon (1992) emphasises the importance of teacher preparation to help others develop through this model.

Some evidence (Stoker & Hogg, 1992) suggests that the process of shared learning within a multi-professional group for teacher preparation, can be facilitated through the application of Kolb's (1976) cyclical approach to learning. In this study interactive learning was combined through sharing ideas and experiences and group assignments.

Anderson et al (1992), illustrate how interdisciplinary collaboration can be used to train practice teachers in the social work profession. The study highlighted that the individuals need to declare their identity not just become 'enrobed' in it. It appears essential therefore that the individual has a fundamental knowledge of the theoretical frameworks underpinning the disciplines involved, and can identify or develop an understanding of the differences in philosophies and ideologies used in client care. This approach could sharpen "...awareness of the shared responsibility for finding appropriate evidence of competence, and give important lessons in recognising and managing organisational dysfunction" (Anderson et al, 1992). Definition of roles has to be explicit between the practice teacher and supervisor and responsibility in the management of workload shared.

Shared learning initiatives at Masters degree level have been explored by Leathard (1992), who emphasises the main aim as being to equip health care professionals with research skills and critical thinking skills within inter-professional team approaches. It has been suggested that the strategies now being devised on Masters programmes enable students to highlight their different professional perceptions and give opportunities for both professional and personal re-appraisal. These initiatives deserve to be closely followed and evaluated (Storrie, 1992).
Several other programmes focusing on developing skills in clinical practice have incorporated a shared learning approach, in particular in care of the elderly and primary health care (Runciman, 1989; Hutt, 1986). There is an assumption that inter-professional learning in community care will improve patient care through acknowledging role relationships and sharing theoretical aspects. However, insufficient evidence is available

to suggest whether shared learning outcomes are sufficient evidence or even necessary to build interdisciplinary understanding.

The outcomes of shared learning cited by Jones (1992) include greater teamwork in practice and reduction in role conflict in inter-professional groups. The nature and purpose of teamwork and the factors that facilitate or hinder effective results are discussed in the literature (Engel, 1994; Pritchard & Pritchard, 1994).

Some guidelines for 'good practice' have been suggested, exploration, identification (Pietroni, 1992) and standardisation (Clark, 1993) of the nomenclature adopted to facilitate successful outcomes of shared experiences. This has been addressed by joint initiatives between the CCETSW and the ENB (1992) in a proposal for possible models of sharing. These may involve a combination of course content (theory and practice), course outcomes, and awards (academic/ professional). Any one of these may offer an independent focus for shared learning as follows:

- sharing of theory and/or practice elements within separate courses with distinct outcomes and awards
- sharing of workplace practice and credits awarded on professional development
- theory and practice elements of an identified core with a number of shared outcomes but with separate awards
- all aspects of course including outcomes and same awards.

Clark (1993) suggests that if interdisciplinary education as an innovation is to develop positively, it needs to be built into educational programmes for health professionals at all levels and at recurring stages so that sufficient time is allowed for individual development and change in behaviour:

> *Simply 'putting people together' in groups representing many disciplines does not necessarily guarantee the development of a shared level of understanding- rather, it may simply reinforce the barriers that exist for the very purpose of defining different professions* (Clark, 1993 p218).

Educational planners also need to carefully address the objectives, processes, and the use of learning materials in shared learning programmes. This demands institutional support and awareness of the potential repercussions of shared initiatives (Clark, 1993). Within a well planned and sophisticated framework, inter-professional education may be one way to ensure that professional skills are not lost within the current changes in the structure, provision and delivery of education (Shaw, 1993). Modularised programmes, competency-based education and open learning modes have accelerated shared learning environments. However, the present research literature suggests that modular systems have not facilitated professionals to learn from and about each other (Barr, 1994).

Current Research and Development

It can be suggested that if shared learning in teacher preparation courses is to be successful, evidence will exist of collaborative approaches to both pre and post registration courses for nurses, midwives and health visitors, and across other health care disciplines where relevant. Current research continues to address this. For example, Tope (1994) found that teachers and students in pre-qualifying courses in health and social care were extremely in favour of shared learning at all academic levels.

There is some debate as to the appropriateness of shared learning at pre-qualifying and post -qualifying level (Barr 1994). It is likely that this debate will continue until further research to illustrate the implications of shared learning is available. There are numerous examples of inter-disciplinary and intra-disciplinary shared learning in post-registration programmes for nurses, midwives and health visitors which still require systematic evaluation in relation to shared learning. The indications from the literature are such that there is insufficient information available to state confidently the benefits of shared learning or to identify models of good practice on which to base future planning (Jones, 1992). However, there are a number of initiatives that are addressing this deficit.

Inter-professional education in primary health in Britain has been addressed since the early 1980,s. A national postal survey was undertaken May 1987 - April 1988 by the Institute of Community Studies. This survey was commissioned by the Centre for the Advancement of Inter-professional Education (CAIPE) who are presently completing a much broader survey of inter-professional learning that will cover England, Scotland, Wales and Northern Ireland. This study will provide valuable data as to the type, extent and content of shard learning initiatives nationally.

The results of interviews with 50 key personnel nationally, gives a focus on shared learning occurrences in the training of health professionals, educational initiatives, stages in education, and facilitation and monitoring of shared learning (Barr, 1994). The results of a survey by Ian Shaw (1994) on shared learning initiatives in "two shire counties" gives a valuable contribution to the context of shared learning as interactive learning. A distinction was made between interactive courses which utilised the past experiences and background knowledge of the professionals and those courses which trained different professions about the same topic. The argument is forwarded that only courses that include interactive learning should be properly termed shared learning (Shaw 1994). The final report of three monographs contributes to the methodological aspects on research into shared learning. It is suggested that evaluations of shared learning differ in their approach and rigour consequently difficulties arise in comparison of results (Barr & Shaw, 1995).

Development responses to the research into shared learning can be seen in several initiatives. The Nursing, Midwifery and Health Visiting Education Forum (DOH, 1994) identified broad objectives for stakeholders, educationalists, and quality managers. These objectives can be classified as a blueprint for inter-professional and multi-disciplinary shared learning in which education providers are challenged to maximise opportunities for shared learning. It is suggested that these programmes should be student focused and practice led initiatives with more effective modes of delivery. The ENB (1995) have responded to this 'Statement of Intent' through a declaration of commitment to collaboration and sharing within a multi-disciplinary arena.

For some time there has been a joint learning programme between learning difficulties and social work. The early programmes met with considerable debate regarding the requirements for each professional registration. These initiatives were overtaken with developments in nurse education through Project 2000 and in the development of the Diploma for Social Work. There are recent joint degree courses for learning difficulties and social work which seem to be progressing more smoothly (Barr 1994). The ENB have facilitated other shared learning initiatives in conjunction with the Central Council for Education and Training in Social Work (CCETSW). These initiatives are particularly focused in Child Protection, and constitute educational programmes at post-qualifying level and a research study to develop a model in shared teaching and learning (Stanford & Yelloly et al, 1994). The results of this study found that the interprofessional model of training was valued by students from nursing and social work. However, the project drew heavily on the goodwill of individuals and the cost implications were high (Stanford & Yelloly et al, 1994).

Conclusion

Recent reforms in education and training at national and local level will undoubtedly influence how models of shared learning will develop. The National Health Service (NHS) based National Vocational Qualifications could have impact on education and training for the health and social care professions, and on collaborative efforts between professions, Likewise, the transfer of education of professions allied to medicine from specialist colleges into universities may influence shared learning initiatives. It could be assumed that these mergers would positively influence sharing between professionals, however, the consequences of modular programmes and credit accumulation and transfer systems (CATS) on sharing have yet to undergo wide scale evaluation. Several of these mergers have involved the newer universities and medical education has traditionally located within the older universities. This isolation of medical education may inhibit interactive processes in health care.

In the context of shared learning collaboration may not always be viewed in the positive mode, especially when professions see their freedom to act independently curtailed and when insufficient resources are available to maintain collaborative links. These issues seem even more pertinent within the present changing political context within health care provision (Shaw, 1993). The provision of educational programmes may be dependent on the purchasers and as changes develop professions may find that their strongest means of survival is through collaboration.

The literature reviewed gives a picture of an approach to learning in early stages of development. Whilst a number of potential benefits of using shared learning can be readily identified it is less easy to draw any conclusions of the benefits of this approach in practice on the basis of current research evidence. Although there is evidence of shared learning developments in education programmes at various levels, there is no evidence of research into shared learning in educational programmes of preparation for nurse, midwifery and health visiting teachers. Leathard (1994) also concluded that as yet interprofessional education and practice lacks a theoretical foundation. Thus the dearth of research studies leaves several questions unanswered on the structure, process and outcomes of shared learning.

It is this stance that has directed the study reported here towards an illuminative evaluation approach. This decision was also based on the need to seek answers to the present situation nationally, within ENB approved teacher preparation programmes for nurses, midwives and health visitors. The researchers took the standpoint at the onset of the study that shared learning suggests interaction between group members to learn from and about each other and that this can occur within the theoretical and practical components of a curriculum. As an illuminative approach was adopted the study sought to discover the participants' own definition of shared learning and to use this as a base for exploring their experiences of this approach in teacher preparation. To counteract the problem of subjectivity within illuminative evaluation, cross-site analysis of quantitative and qualitative data was undertaken (Hopkins, 1989). This will be discussed further in the next section.

SECTION 3: RESEARCH DESIGN

This section given an overview of the research design. The study was undertaken utilising a process of illuminative evaluation which resulted in five stages of data collection. Methods used to collect the data, the pilot work, the sampling procedures, data analysis and ethical issue are addressed. Finally the constraints imposed on the project are considered.

The research followed the illuminative evaluation tradition which takes account of the wider contexts in which education programmes function, and is primarily concerned with description and interpretation rather than measurement and prediction. The focus is on how educational programmes work, the influences upon that programme and how those involved in the scheme see the advantages and disadvantages. The illuminative approach also aims to discover what it is like to be participating within a scheme, whether as a teacher or student, and to discern and discuss the most significant features, recurring commitments and critical processes of an innovation within a programme (Parlett and Hamilton 1977). This approach was seen as particularly apt for this study because of the lack of previous research on shared learning in teacher preparation.

Illuminative research is not a standard methodological package but a general research strategy. The choice of research techniques follows 'not from research doctrine but from decisions as to the best available techniques'. The problem defines the methods used not visa versa. No method is used exclusively but different techniques are used in combination to throw light on a common problem from a number of angles. This triangulation approach facilitates the cross checking of otherwise tentative findings (Parlett and Hamilton 1977).

The research process

The focus of the research was driven by the need to discover the significant features and recurring processes relating to shared learning within the programmes observed. Consequently, the general principles of illuminative research were adhered to. The research design reflected an inductive approach in which the development of each stage was driven by the findings from the previous stage for the purpose of cross checking and more in-depth exploration. In doing this an initial subjective perception is teased out and given a degree of validity (Hopkins 1989). A range of quantitative and qualitative data collection techniques were used for the purpose of triangulation of data and thus to increase the reliability and validity of the findings.

Illuminative evaluation adopts three characteristic stages in which investigators observe, inquire further and then seek to explain. The observation, or orientation stage is described as being the stage in which the researcher becomes familiar with the setting being studied and identifies the curricular systems with the aim of determining the conceptual framework of the study (Parlett and Hamilton 1977). This orientation phase involved a full literature review and a series of informal interviews with key personnel and other researchers involved directly or indirectly in the preparation teachers of nurses, midwives and health visiting. This included meeting with members of the Steering Group for the project. Opportunity was also taken to identify the range of activity developed in the Centre for the Advancement of Inter-Professional Education (CAIPE) which is the major organisation involved in reviewing shared learning in health care in the UK (see literature review).

The exploratory stage of the study was a focal point in developing concepts around benefits and barriers to shared learning. From previous research, and student teachers and course leaders accounts, the repeated concepts that made up the benefits and barriers to shared learning were identified and developed as a means of testing several concepts at the same time and to gain some measurement through a Likert scale. Use of rating scales along with descriptive evidence was valuable in counteracting the possible bias in high scores or possible central scoring.

The data collected in this initial orientation phase facilitated the design of the research instruments used in the first stage of the study and to inform subsequent development of the methodology outlined below.

It was decided at the outset that the first step would be to undertake a survey of all centres which were involved in teacher preparation to address the first aim which was; **an investigation to ascertain the extent, within Board approved programmes, to which shared learning occurs in educational programmes for the preparation of nurses, midwife and health visitor teachers.**

It was recognised that the subsequent aims required a more focused approach to; **examine the curricula of educational programmes of preparation of these teachers to investigate the areas of shared learning in terms of content, both**

written and taught, teaching / learning methods, assignment and teaching practice placements. Consequently a case study approach was adopted.

The use of case studies fits well with the overall approach of illuminative evaluation for the emphasis is on the processes of monitoring and describing the context in which the study is occurring, discovering the extent to which the process is occurring and providing feedback. Similarly the second purpose of case study described by Merriam (1988) is one of providing causal explanation by understanding the processes which influence an activity or programme.

This case study approach facilitated data production to achieve the next aim of the project which was **an investigation into the practice and effects of shared learning in contrast to the separate approaches, as perceived by current teacher students, newly qualified teachers, experienced teachers, teaching staff involved in the teacher preparation programmes and education managers within nurse, midwife and health visitor education.**

The illuminative approach enabled the researchers to address the issues surrounding the final aim of this study; **an investigation to clarify the appropriateness of shared learning within a wider health professional framework for teacher preparation.**

3.1 DATA COLLECTION

The study was undertaken over a period of one year from February 1994 to February 1995. The data was collected in five stages summarised in Figure 1 (page 24). In the tradition of the illuminative approach a variety of techniques of data collection were adopted. This includes the use of documentary evidence and interviews. A range of quantitative and qualitative data was collected by the use of highly structured questionnaire surveys, face to face and telephone interviews using semi structured interview schedules.

Stage 1 of the project was a descriptive survey of all the centres preparing teachers in nursing, midwifery and health visiting in England. A questionnaire, designed to explore wide ranging issues relating to the organisational perspective of shared learning, was circulated to 17 centres (Appendix 1.1).
Data gathered in this stage was used to explore the feasibility of identifying centres as having a 'high' or 'low' orientation to shared learning for subsequent stages of the

research. In this event the level of homogeneity in the groups was such that it was decided that 5 centres would be used as case studies for the next stage of the research as described in section 3.2.

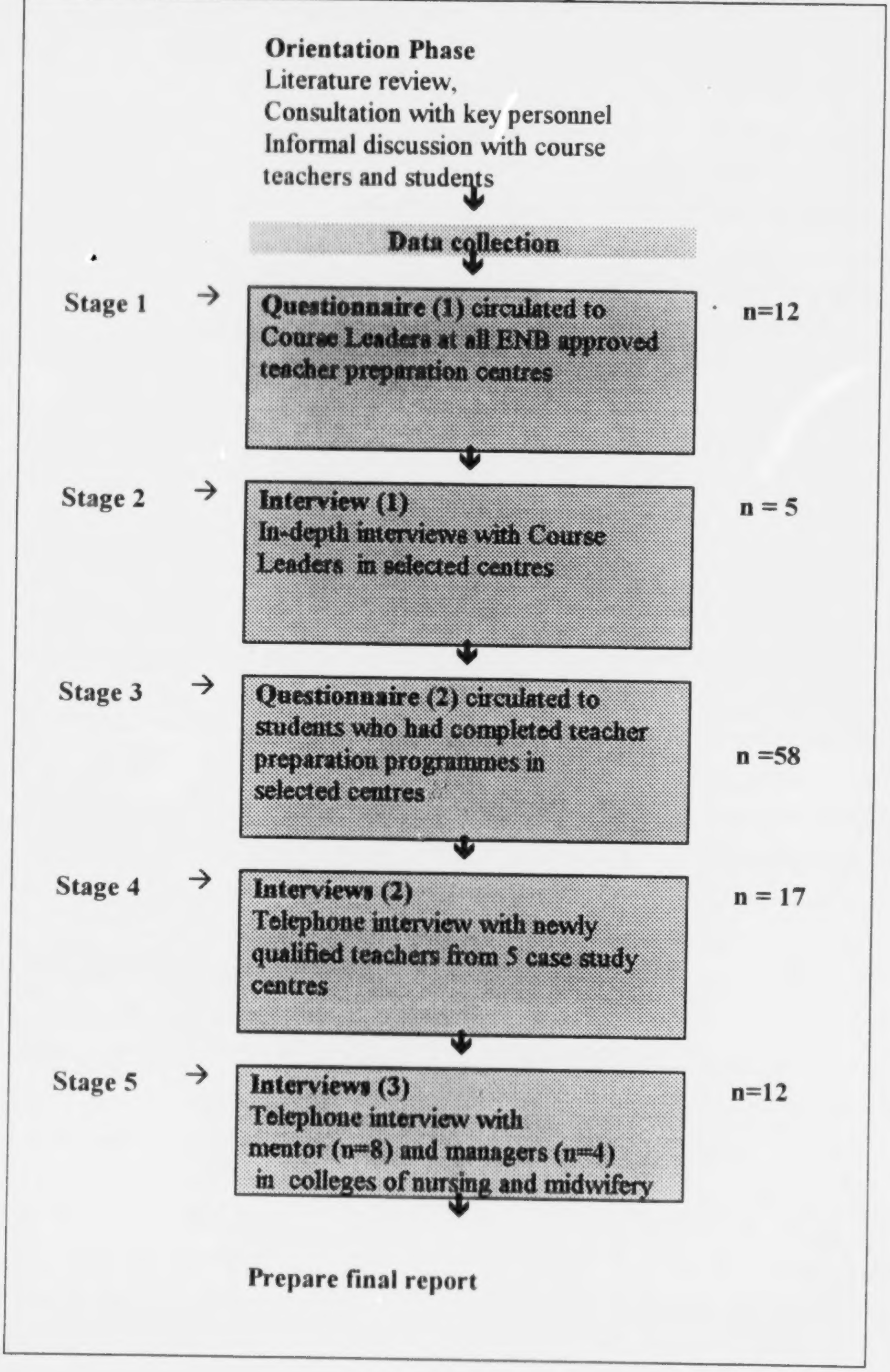
Stage 2 involved in-depth face to face interviews with the course leaders of five courses preparing teachers in nursing, midwifery and health visitors (Appendix 2.1). The purpose of these interviews was to further explore issues that had been raised in the analysis of the questionnaires in stage 1 above and, to inquire further into the process involved in shared learning in the teacher preparation centres.

Stage 3 A second questionnaire was developed for administration to the teachers who had recently completed the teachers preparation courses in the five case study centres (Appendix 3.1). The purpose of this was two fold: firstly to explore the new teachers views of their experience of shared learning in their teacher preparation programmes; secondly to explore the extent to which they were able to apply the principles of shared learning in their present role as teachers of nursing, midwifery and health visiting.

Stage 4 involved telephone interviews using a semi structured interview schedule with 17 respondents from the five case study centres who had completed questionnaires in Stage 3 (see Appendix 3.2) This group included those teachers who had indicated a willingness to be interviewed. Respondents were contacted initially by letter to confirm they could be approached for this interview. Subsequently this was followed by personal contact to arrange a mutually convenient time at which to conduct the telephone interview.

Stage 5 Respondent from Stage 4 were asked to identify a more experienced teacher, who was also seen as their mentor, and to ask this person if they would be willing to participate in the study. The 'mentor' group were then contacted by letter informing them about the project, the method of nomination, and to give them an informed choice to participate in the study. Potential respondents were asked to complete a form (Appendix 4) if they were willing to be interviewed and suggest appropriate times to suit their schedule. This process of sampling was reiterated in the nomination of a small groups of managers through the co-operation of the mentors.

Figure 1 Flow chart to illustrate research design and data collection


Orientation Phase
Literature review,
Consultation with key personnel
Informal discussion with course teachers and students
Data collection
Stage 1
Questionnaire (1) circulated to Course Leaders at all ENB approved teacher preparation centres
n=12
Stage 2
Interview (1) In-depth interviews with Course Leaders in selected centres
n = 5
Stage 3
Questionnaire (2) circulated to students who had completed teacher preparation programmes in selected centres
n =58
Stage 4
Interviews (2) Telephone interview with newly qualified teachers from 5 case study centres
n = 17
Stage 5
Interviews (3) Telephone interview with mentor (n=8) and managers (n=4) in colleges of nursing and midwifery
n=12
Prepare final report

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3.1.1 Methods of Data Collection

A range of quantitative and qualitative data were collected using a variety of techniques. This ranged from highly structured questionnaires to less structured interview schedules in face to face and telephone interview techniques.

Questionnaire

Parlett and Hamilton (1977) note that the benefits of questionnaire technique for larger scale illuminative studies as evidenced in some components of this study. Questionnaires were used at Stages 1 and 3 of the study for the purpose of gathering quantitative data on the teacher preparation courses and to identify the experiences and perceptions of new teachers who had completed that course. The questionnaires were developed as a shared learning inventory designed to gather a range of factual data pertinent to course content as well as individual respondent views of shared learning within the programmes. This choice of research tool is widely accepted as having utility value in gathering a wide range of data in a short space of time. In addition ease of access to a larger sample group, speed of response and ease of analysis are recognised benefits of this technique (Oppenheim 1992).

The design of the questionnaires (Appendix1 and 3) was influenced by the literature discussed in Section 2 and the feedback from the discussions on shared learning in the orientation phase of the study described above.

Interviews

Discovering the views of participants is crucial to assessing the impact of an innovation in illuminative work. Parlett and Hamilton (1977) note the difficulty of interviewing every participant and stress the need to ensure that appropriate information is sought from informants or particular groups who have a particular insight into the area of study.

The method of conducting the interviews was considered carefully. Tape recorded interviews were held at course centres with five individual course leaders. As the sample of new teachers, mentors and managers identified in Stages 4 and 5 of the study, were widely dispersed geographically it was decided to use the telephone interview as a convenient means of gathering data (Field and Morse 1985).

Telephone Interviews

The telephone interview approach gave the opportunity for wide ranging contact with respondents within the constraints of wide geographical location of respondents and time available to undertake this stage of the research. Telephone surveys are widely used in market research and are seen as a useful means of data collection when there is a need to obtain data in a short period of time (Cassiani et al, 1992). A number of advantages of telephone survey have been cited including quick response to questions, low refusal and the possibility of reaching a large geographic sample. Another cited advantage of telephone interview is the reduction of bias since there is no face to face contact (Hash et al 1985). Consequently the benefits of using this approach were evident. Another consideration is that the cost of telephone calls could be balanced against the potential for other costs that would have been generated if travelling to meet respondents face to face.

Piloting the research tools

A centre that has delivered teacher preparation courses within a multi-disciplinary culture for many years was chosen for the pilot work in exploring the dimensions of shared learning within teacher preparation programmes and developing tools for data collection in the orientation phase of the study. The course leader and student groups gave advice and useful information for instrument development.

As the study progressed preliminary questionnaires were critiqued by the statistical advisor to the project, reviewed by Steering Group members and piloted with representatives from course leaders and student teachers. The results of descriptive data from the pilot work was collated to identify the trends that had occurred and modifications made to the tools as appropriate. A student focus group participated in refining the final questionnaire for student teachers.

3.2 POPULATION/SAMPLING

To illuminate shared learning from different perspectives and to meet the aims of the investigation, the anticipated population for this study was the course leaders for ENB approved teacher preparation courses, student teachers and teachers who had worked in the colleges of nursing and midwifery for some period of time. To identify a sample from this population a 'cascade' approach to data collection was developed starting with the involvement of all teacher preparation centres approved by the ENB. This meant that at the outset all those involved in teacher preparation had equal opportunity to be involved in the study.

The intentions were to use the findings from the questionnaires to identify two centres who had a high orientation to shared learning and two that had a low orientation to shared learning for the purpose of comparison. However, the patterns in responses to the questionnaire surveys in Stage 1 of the study meant that it was not possible to be so discriminating as there was a greater degree of homogeneity between the groups than was anticipated. Consequently, in keeping with the principles of evaluative research the emphasis was changed and it was decided to target five centres from twelve responses as case studies for the next stages of the research.

These five centres were selected on the basis of several criteria. First the nature of the educational programmes offered at each centre was considered to reflect a reasonable dispersion of programme types and the scope and range of professionals learning together. The geographical location of each centre was reviewed to ensure that the processes explored were not locked into any one regional perspective. The nature of the host institution to ensure that the comments reflected a range of contexts such as those views representing the 'old' and 'new' universities. A final consideration was the willingness of course leaders to participate in the next stages of the research. Five course leaders were interviewed in Stage 2 of the research.

The next stage of the research involved identifying the group of new teachers that would be requested to complete a questionnaire designed to analyse their experiences of shared learning in their teacher preparation programme. This sample was selected on the basis that, as a group of recently qualified teachers, they would be able to comment on the total experience of being a student teacher. The selection of this group was straightforward convenience sampling. A range of newly qualified teachers who had completed programmes in the five case study centres were contacted via the course leaders and asked to complete the questionnaires. This sample group were simply selected from the registers kept at each course centre and represented a reasonable range of respondents (n=58).

At the time of distribution of the questionnaire respondents were asked to indicate if they were willing to participate in a follow up interview. A reasonable number responded positively to this and all who did so were interviewed. The new teachers were contacted to determine the feasibility of undertaking telephone interviews. Ultimately the availability of new teachers able to participate at this stage resulted in a sample group of 17 respondents.

The final sample group were teachers who had been qualified for a number of years and working as either mentors to the newly qualified teacher group or as managers within the colleges in which the newly qualified teachers were employed. A model of opportunistic sampling was adopted to approach this group of teachers who had been identified as mentors by the newly qualified teacher group. The managers were nominated by the mentors. In total 8 mentors and 4 mangers were interviewed by telephone.

The total sample involved in each stage of the study can be identified in Figure 1 (page 24). In summary, questionnaires were sent to 17 teacher preparation centres and 12 returned. Five course centres were identified for the case studies and the five course leaders participated. Questionnaires were circulated to 143 new teachers from these five centres and 60 returned with only 58 usable responses. From this group a sample of 17 teachers participated in the telephone interviews. Finally, twelve established teachers working as mentors (n=8) to the new teacher group or managers within the colleges (n=4) participated in telephone interviews.

3.3 DATA ANALYSIS

Data collected in the course of this study was subject to a range of analytic techniques. All qualitative data was subject to a process of content analysis in which data was transcribed, coded and categorised in accordance with the principles of qualitative design using a process of latent analysis in which emergent themes were identified (Field and Morse, 1985; Miles and Huberman, 1994).

The quantitative components of the questionnaire were subject to a range of descriptive and non parametric statistical tests using the SPSS package. The questionnaire to course centres was designed to provide a profile of the curricula and groups who shared learning environments. This tool contained nominal and ordinal data to facilitate completion of a relatively large set of data and to allow quantitative measurements in data analysis. Scales of 10cm. precisely were used to illicit the course leaders' perceptions of shared learning and to compare the results with similar methods in data production from the student teachers quetionnaire. Triangulation of data analysis from the viewpoints of course leaders student teachers and newly qualified teachers was achieved through descriptive statistics on nominal and ordinal data and in comparisons across descriptive accounts within the themes presented in the qualitative findings. Independent sets of data were subjected to cross-analysis of variables using the t-test for independent samples and correlation coefficients to identify the significant level of association between scores. The low response rate in some components of the study inhibited any further statistical application (see Section 3.2).

3.4 ACCESS/ETHICAL ISSUES

Access to course centres was negotiated by the research team by direct access to the Course Directors in each teacher preparation centre. This approach was successful and only two centres felt unable to participate.

The ethical issues relevant to all stages of the research process were considered. It was acknowledged throughout that the study was being undertaken at a time of real change in nurse education, a situation that could lead to sensitivities when teachers were approached and asked to discuss aspects of their work.

A potentially sensitive area was the way in which participants were approached and requested to participate in the study, particularly in the context of the telephone interviews. It was reasoned it would be intrusive to make initial contact via the telephone as this could have resulted in potential respondents feeling coerced into taking part. Sampling techniques were such that the researchers were not privy to personal details of potential respondents in the study. Throughout the study all initial contact was made via letter, circulated by either course leaders or respondents from an earlier stage of the study. This meant that respondents made a positive decision as to whether to respond or not. Reminder letters were used only in Stage 1 of the study so that participants were not pressurised unduly in subsequent stages.

The nature of this study was such that the researcher made direct contact with some respondents in the study. In each situation respondents were advised that confidentially and anonymity would be respected in use and reporting of the data.

3.5 CONSTRAINTS AND LIMITATIONS OF THE RESEARCH DESIGN

A key issue that should be noted at the outset is the context in which this study was undertaken. The mid 1990's represent a time of major change in nurse education as colleges of nursing and midwifery are gradually being relocated into the higher education sector. This is accompanied by changing models of managing and providing educational services, with the introduction of a market model in health care impacting on the provision of educational programmes. The impact of this in the colleges was such that teachers were facing uncertainty in their careers, recognising that job security was no longer guaranteed and adapting to the changing culture of the new world of nurse education.

In terms of teacher preparation the impact of this was seen in the teacher preparation centres where changing models of recruitment were impacting on course delivery and leading to some review of course provision. The employment situation in the colleges of nursing and midwifery was reflected in the teacher preparation centres, in recruitment to courses. The nature of the student group is changing with an increasing number of students funding themselves through teacher preparation programmes.

A constraint on the project was linked to the time available to undertake the work. This was demonstrated in two ways. Firstly, the overall time required when endeavouring to undertake a project involving a range of institutions that are widely dispersed geographically. Secondly, the timing of a project focusing on centres that work within an academic time table proved problematic. On reflection it would have been better to have commenced this project immediately before the beginning of an academic year for the experience of the research team was such that, once the initial orientation phase had been completed and the project plan determined, the academic year was well advanced.

This national overview of shared learning in teacher preparation courses approved by the ENB was limited to data collection methods to generate a large amount of information over a short period of time. Although an illuminative evaluation approach is open to the use of observation techniques in the research design, there was lack of opportunity to develop this measurement technique in the time span. Consequently, all the data collected in this study is based on accounts of experiences of shared learning which, it is acknowledged, are not substantiated by cross checking the reality of practice by observation.

Further potential limitations lie in the use of convenience sampling techniques in which there are acknowledged weakness. It is acknowledged throughout that the findings can only be tentative interpretation based on relatively small numbers. This is particularly important point in the context of the response rate to the questionnaires as noted in section 3.2 above. The low response from the questionnaires was disappointing in that it inhibited the range of statistical tests that could be undertaken and so had an impact on the inferences that could be drawn from the data. Moreover, the risk of selective response from people who had a preference for shared learning was noted at the outset as a potential bias in the study and, as in any study a potential risk of a biased perspective was acknowledged. To reduce the possibilities of bias throughout the study the process of the research was monitored by the Steering Group who also contributed towards the methodological decisions at each stage of the research.

Whilst these limitations in the research design are acknowledged, it is stressed that the research design is based on the illuminative ideology, designed to offer an interpretation of the level of shared learning in the curriculum. Consequently the low response rate was not seen as a methodological weakness, rather as an issue that should be reviewed in the light of any follow up activity on this research.

Summary

This section has given an overview of the research design and the processes involved in implementation of this research study. In the following section the findings from the five stages of the research are presented

SECTION 4: RESEARCH FINDINGS

This section presents the findings from the five stages of the research outlined in Section 1. This includes the Course Leaders survey (Section 4.1); the interviews of five course leaders from the case study centres (Section 4.2); the questionnaire survey of newly qualified teachers in the case study centres (Section 4.3); the telephone interviews of newly qualified teachers (Section 4.4) and the telephone interviews of the mentors and managers of the newly qualified teacher group.

4.1 STAGE 1 COURSE CENTRE SURVEY

The first stage of the research involved a questionnaire survey of the centres where ENB approved teacher preparation programmes were offered. The questionnaire (Appendix 1.1) was designed to address the first aim of the research which was to:

> *ascertain the extent, within board approved programmes, to which shared learning occurs in educational programmes for the preparation of nurses, midwife and health visitor teachers.*

The questionnaires was designed to gather data pertaining to the organisational philosophy of shared learning. Key areas that were explored were:

- Programme(s) Profile
- Curriculum Developments
- Benefits and Barriers to Shared Learning
- Collaborative Initiatives

Questionnaires were circulated to 17 centres preparing teachers in nursing, midwifery and health visiting. Each centre was allocated a code number to ensure confidentiality yet at the same time enabling the researcher to carry out follow up enquiries. Completed questionnaires were returned from 12 centres.

It is acknowledged that a small sample size invalidates the application of most statistical testing. However, descriptive statistics have been utilised and percentages are used to put the reviewed variables into context. Non-parametric statistical tests were used as appropriate for nominal and ordinal data.

This report contains the significant findings and identifies possible trends. Any discrepancy in response to individual statements or questions is due to incomplete data sets when the respondents have not completed a section.

Programme(s) Profile

Due to the rapid changes within institutions it was deemed necessary to identify the type of teacher preparation programmes on offer at the time of this study. The programme(s) on offer at each centre are shown in Figure 2. The range of programme titles indicate that, at the centres involved in the study, it was possible to prepare as a teacher in nursing, midwifery and health visiting by a variety of full time and part time routes ranging from degree (nine courses) to Masters degree (two courses). The number of Post Graduate Diploma (P.G.Dip) matched the number of degree programmes. One centres (9) cited more than one programme at this level and two centres (1, 8) noted that they offered a Post Graduate Certificate in Education (PGCE) programme. This pattern of post graduate programmes for teacher preparation indicates that nurses, midwives and health visitors are now commonly entering preparation programmes at graduate level.

Information on the types of disciplines and the number of representatives from each was also requested but much of this data was incomplete and has not therefore been included in the analysis.

Figure 2 **Curriculum types**

Centre Code	Curriculum Type	Mode: Full time (FT) Part time(PT)
1	PGCE/Certificate in Education	FT
2	BSc (Hons) Nursing/Education MSc Dip Health Prof/Ed	FT FT and PT
3	BA Nursing and Midwifery Education	PT
4	BA Nursing/Ed BSc Nursing/Ed PG Dip in Ed/Nursing and Practice Overseas	PT and FT
5	BEd (Hons) Education PG Dip/Ed for Health Professionals	FT PT
6	PGCE Health Professional	FT and PT
7	BEd (Hons) Nurse Teachers PG Dip/Ed Health Professionals	PT PT
8	BA (Hons) Nursing/Midwifery Education PGCE Nursing PG Dip/MA Health Professional Education	PT PT PT and FT
9	PG Dip in Education for Professional Health Care Practice PG Dip in Advanced Health Care Practice	PT and FT PT and FT
10	BEd (Hons) Higher Education PG Dip Higher Education	PT and FT
11	BEd PGCE	PT PT
12	PG Dip Education (Nurse, Midwife, Health Visitor) BA (Hons) Nursing Education	PT and FT PT and FT

Curriculum Developments

A range of issues were explored relating to curriculum developments. The results will be presented under the following headings; integration of shared learning in the curriculum; shared learning objectives; evaluation methods; staff and student preparation; and initiatives within the teacher preparation centres.

Integration of Shared Learning in the Curriculum

Responses from 11 of the 12 centres indicated that shared learning was promoted within their curriculum. These 11 centres make up the representative sample in data analysis.

An indication as to where shared learning is incorporated into the curriculum can be seen in Table 1. Five centres incorporated shared learning into theory and practice and the remaining six into theoretical aspects only. However, there may have been a discrepancy in the interpretation of 'practice' in this instance. This confusion seems to stem from the terms 'practice in teaching' and 'clinically based practice'.

The learning outcomes were the same for all disciplines sharing within seven centres. Four centres had distinct learning outcomes for different disciplines.

Different award systems on completion of the programmes were noted in three centres. The rationale given for this was that teaching qualifications are recordable on different parts of the professional register held by the UKCC. It was also noted that in some modular type programmes the awards can differ.

The assessment processes were the same for all disciplines within all but two centres. However it was noted that whilst the assessment processes were the same in some centres the actual assignment topics were individualised and negotiated between tutors and students.

TABLE 1: **Shared Learning Integration in the Curriculum**

Course Content	Theory & Practice	Theory	Outcomes same	Outcomes distinct	Assessment same	Assessment distinct	Awards same	Awards distinct
Responses	5	6	7	4	9	2	8	3

Shared Learning Objectives

A number of different objectives of shared learning were identified and respondents were asked to rank these in order of their perceived importance with a score of 1 being the most important and a score of 8 being the least important. The responses to this scale can be seen in Table 2 .The nominal data in this table gives the number of responses to each ranked score. Due to the small sample size percentages are not identified.

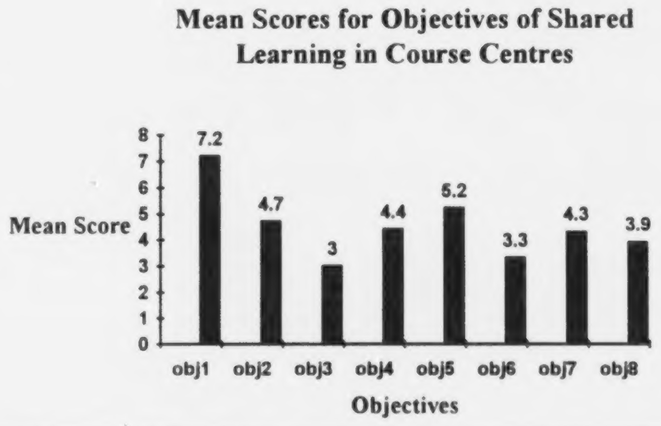
TABLE 2: Number of Centres who Ranked each Objective on a Scale of 1-8

		Scale							
N0.	SHARED LEARNING OBJECTIVES	1	2	3	4	5	6	7	8
1	To develop practical skills	0	0	2	0	1	4	3	1
2	To prepare student teachers for future career prospects	0	1	3	3	1	1	0	2
3	To increase interdisciplinary understanding and co-operation	0	2	2	1	1	1	1	3
4	To break down language barriers between disciplines	0	3	1	2	1	2	1	1
5	To provide effective/efficient service for consumers	2	1	3		1		3	1
6	To provide theory and practice learning opportunities	0	1		3	2	2	0	2
7	To produce competent interdisciplinary teachers	3	3		2	2	1	2	0
8	To make effective/efficient use of resources	6	0	0	0	2	0	1	1
	TOTAL	11	11	11	11	11	11	11	11

(Key to rating scale: 1= most important, 8= least important)

The mean scores for each of the objectives above are identified in Table 3.

TABLE 3: Mean Scores for Objectives of Shared Learning



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These mean scores give an indication of the location of the average scores. As seen from Table 3, the three highest ranked objectives (ie, with the lowest mean scores), were: to increase interdisciplinary understanding and co-operation; to provide theory and practice learning opportunities; and to make effective and efficient use of resources.

Kendall's coefficient of concordance showed only two significant associations between the ranked scores. A positive association, was computed between increasing interdisciplinary understanding and co-operation, and breaking down language barriers between disciplines (Kendall's test: $df = 9$; $r = .7021$; $p = 0.4$ two-tailed test). A negative correlation was computed between preparing student teachers for future career prospects and producing competent interdisciplinary teachers (Kendall's test: $df = 9$; $r = -.6042$; $p = 0.02$). The sample size cannot suggest there is no common understanding between centres regarding the objectives of shared learning.

Evaluation methods

Shared learning outcomes were evaluated in nine centres and one centre proposes to do so in the near future. Two centres did not respond to this question.

All participants ranked feedback from students as most important with feedback from course teachers/lecturers as second most important. Feedback from clients in clinical practice was ranked as least important alongside audit reports (see Table 4).

TABLE 4: Evaluation methods within centres

Feedback from students	100%
Feedback from course teachers/lecturers	73%
Changes in course teacher's professional performance	36%
Competency-based outcomes	27%
Feedback from clients (i.e. if shared learning occurs in practice setting)	18%
Audit reports	18%

Preparation for Shared Learning Environments

Nine respondents stated that teaching staff and students were prepared for their role in shared learning environments. On a 10 cm scale the mean score for teacher preparation was 5.5 and for student preparation a mean of 6.2 thus suggesting a level of preparation slightly above the mean average.

Respondents were asked to indicate on a 10 cm scale how the staff (lecturers) in the teacher preparation centres and students undertaking teacher preparation courses perceive shared learning. Results gave a mean of 8.3 indicating that the staff were generally in favour of shared learning and a mean of 6.6 for students, which also suggested a favourable orientation.

Initiatives within the Teacher Preparation Centres

Most respondents stated that their main initiative regarding shared learning was to promote or extend the existing shared learning goals. One respondent perceived the need to develop the staff for this role within the teacher prepration centre.

Benefits and Barriers to Shared Learning

Table 5 shows the common benefits and barriers to shared learning as perceived by the respondents. It can be seen that the factors identified by the respondents to the question follow a similar pattern of benefits and barriers identified in the literature review reported in section 2.

TABLE 5: Course Leaders' Perceptions of Benefits /Barriers to Shared Learning

Benefits	Barriers
Collegiality within learning group	Can provoke anxiety for students
Mutual understanding between disciplines	Minority groups needs not met fully
Break down professional barriers	Interdisciplinary rivalry and stereotyping
Wider perspective and analysis	Unequal numbers from different disciplines
Acceptance and respect for other disciplines	Lack of depth in teaching, principles only
Student and teacher involvement in learning	Differing expectations from disciplines
Sharing good practice in promoting learning	Providing clinically relevant scenarios
Student involvement in curriculum planning	Time consuming in planning stage
Teachers work with different disciplines	Demands on resources
Economical	Larger group size

Collaboration

The respondents were asked to identify which professional/educational organisations collaborated in the provision of shared learning initiatives.

The results showed that the main collaboration in the shared learning initiatives was between representatives of higher education and colleges of nursing and midwifery. Other organisations who collaborated were the ENB, for validation purposes, active researchers in professional practice and education, and professional leaders in the multi-disciplinary health care team, such as physiotherapists and other paramedical groups.

The respondents were also asked to indicate the nature of the collaboration. As can be seen in Table 6 the main focus of collaborative work was on conjoint validation of programmes. There was a positive association between conjoint validation of programmes and recruitment of students (Kendall's test; $df = 9$, $r = .7255$; $p = 0.05$, two -tailed test). There was also a positive association between the scores from those institutions collaborating in evaluating programmes and the preparation of staff for their role (Kendall's test $df = 9$; $r = .6154$; $p = 0.05$, two-tailed test).

TABLE 6: Nature of collaboration

Collaborative Efforts	No of Responses
Conjoint validation of programmes	10 (90%)
Recruitment of students	9 (82%)
Monitoring courses	9 (82%)
Assessment of students	8 (72%)
Evaluation of courses	8 (72%)
Conjoint development of educational policies	7 (64%)
Preparation of staff for their role	6 (55%)

Summary of Stage 1

The survey of the centres preparing teachers of nursing, midwifery and health visiting served to provide a broad illustration of the way in which course centres approached shared learning in teacher preparation programmes.

In general, it was concluded that the range of programmes offered within the centres created opportunity to facilitate shared learning in teacher preparation. However, there is little evidence of consistency in approach with the curriculum across all centres, with a variety of approaches to integration of theory and practice, course outcomes and the nature of awards on course completion. The findings relating to the purpose, benefits and barriers to shared learning indicated similarities to earlier studies reported in the literature review (Section 2).

Trends have been identified in the data from the questionnaires to course centres. The limitations of this approach were evident from the incomplete data sets. This suggests that large amounts of data of course details were not readily available to the respondents. Exploring these aspects of the curricula via questionnaire proved to be quite complex and indicated the need for further inquiry to elaborate the issues. This was achieved by in-depth interviews with course Leaders to the teacher preparation programmes as discussed in the next section.

4.2 STAGE 2 INTERVIEWS WITH COURSE LEADERS

The second stage of the research involved five in-depth interviews with the course leaders of centres selected as case studies for the remaining stages of the research. The purpose of the interviews was; *to gain further insight into the nature of shared learning* within these centres and to address the second aim of the research which was *an examination of the curricula of educational programmes of preparation of these teachers to investigate the areas of shared learning in terms of content, both written and taught, teaching/learning methods, assignment and teaching practice placements.*

Specific details pertaining to the centres involved in this study are omitted from this analysis in the interest of confidentiality. General themes that emerged through the interviews from a strategic perspective are described in this section. Key areas that are discussed below are curricular issues and the shared learning process.

Curriculum Issues

The teacher preparation programmes were designed within modular frameworks for undergraduate and post graduate students. Pathways to obtain a teacher qualification varied depending on the centre and consequently the types of groups within shared learning environments were also varied. All five centres had nurses, midwives and health visitors on their programmes. In four of these centres this group shared with other professions.

There was consensus of opinion that the declining number of health professionals attending the programmes was partially due to the movement of nurse and midwifery education sectors into higher education institutions along with a decline in student numbers at pre- and post- registration. This has caused over-resourcing in some areas. There were therefore some strong reasons of pragmatism and cost implications for having shared learning in modular programmes in addition to the reasons based on educational ideology. However, from the interview data it would be unfair to suggest that sharing resources was seen as the only purpose of shared learning borne out by efforts made to meet the needs of all disciplines.

The main barrier to shared learning in modular programmes was lack of group cohesion. Flexible models through matrix systems were numerous and becoming more so on part time modes of study. Distance learning modes of study are available for teacher preparation. These are based on an output model of reflection and competency in comparison to the traditional input oriented curriculum. This approach undoubtedly facilitates a wider access but inhibits sharing within an inter-professional learning environment. The future of teacher preparation for nurses, midwives and health visitors is integrated with these curricular developments along with issues such as funding and entry into higher education as indicated by one course leader:

> *We are very committed to training teachers in continuing education. It is frankly very disturbing that only about 50% teachers in higher education are trained. I have a worry as nurse teacher trainers come into higher education they will start to regard themselves in the same way as other teachers in higher education - not wanting to undertake teacher training programmes. The emphasis will be on the subject , training on masters degrees and Ph.D. which are obviously important; but the ENB's old commitment to training - making sure that teachers are trained - will go by the board as they become more and more assimilated into the culture of HE institutions.*

Shared Learning Process

Andragogical principles of teaching and learning were practised and promoted in the access to programmes, assessment criteria, and expected learning outcomes. Student teachers were encouraged to identify their specific needs and select where possible their learning pathway. Reflection on practice and sharing of experiences within multi-disciplinary groups and their specialist groups was integral to learning. The philosophy of student directed learning was evident in teaching styles:

> *We do not try to teach people to teach, we try and help people to work out how to teach. They have to learn to be reflective, they have to learn to give and take developmental criticism.*

Approaches to facilitate the latter included observation and participation in seminar work and shared reflection and analysis within inter-professional groups. The perception of language and the importance of managing the new teacher's language in the classroom was emphasised. This was highlighted by one course leader as follows:

> *......because there are strengths to share... and language. The proper use of language in the classroom seems vital to me to ensure shared learning. Students cannot possibly share if all I do is lecture I have to find ways of devolving responsibility for talk ...there is a high proportion of student group work, student projects, micro teaching and mutual evaluation.*

Inter-disciplinary and intra-disciplinary language differences were acknowledged and used to prevent marginalisation of minority group members as indicated by another course leader:

> *There is a need to prepare teachers for shared learning because one's language needs to change to ensure that everybody in the group has been treated as if their discipline has been addressed even though you are not from the same discipline*

Breaking down barriers between nurses, midwives and health visitors and developing group cohesion was integral to one centre as other disciplines were not within the same learning environment. Even in this type of environment there were some difficulties in overcoming the personal feelings of minority group members of being marginalised in debate. The learning processes were organised to enable students to become more self-reliant, develop research skills, and facilitate their personal and professional development and to meet their own student developmental needs through sharing with other disciplines. The specific needs of all disciplines were accommodated in specialist units which addressed relevant organisational management and policies.

Summary of Stage 2

The interviews with course leaders proved useful in elaborating on some of the issues raised in Stage 1, the surveys of the teacher preparation centres. The commitment to shared learning amongst the course leaders was evident. Within this, special note was taken of the needs of minority groups. However, the realities of working within organisational systems that created matrix systems of education was seen as a major block to facilitating the group cohesion appropriate for shared learning which focuses on learning from and about each other.

4.3 STAGE 3 NEW TEACHERS' SURVEY

The third stage of the research involved a survey of teachers who had recently completed the teacher programme at the five case study centres. The purpose of this stage of the research was to further explore the first two aims and to begin the *investigation into the practice and effects of shared learning in contrast to the separate approaches, as perceived by newly qualified teachers.*

A questionnaire (2) was derived from the survey tool used in Stage 1. This questionnaire (Appendix 3.1) was designed in two sections:-

- **PART ONE** was designed to generate data in relation to the new teachers perceptions of their shared learning experiences on teacher preparation programmes. These findings are reported in section 4.3.1 below.

- **PART TWO** was designed to evaluate the respondents' perceptions of their own teaching role in facilitating shared learning in their role as new teachers. The focus was on shared learning environments and initiatives. The findings are discussed in section 4.3.2 below.

Response rate to questionnaires

Questionnaires were sent to 143 newly qualified nurse teachers who had completed courses in the five centres identified as case studies for this project. The questionnaires were circulated via the course leaders to a sample of students from each centre. A total of 143 questionnaires were circulated to the centres. Course leaders indicated the number of students currently on their teacher preparation programmes. Subsequently the number of questionnaires circulated to each centre reflected the attendance records at the time of the study (8, 20, 25, 40 and 50 questionnaires respectively). In four centres questionnaires were sent to the total cohort. The centre which was sent 50 questionnaires had a cohort of 500 students on different modes of study and so the number circulated was designed to reach 10% of that total group.

Sixty questionnaires were returned (41.9%) and of these two were omitted from the analysis due to incomplete data. Consequently the report below is based on the analysis of 58 completed questionnaires (40.5%).

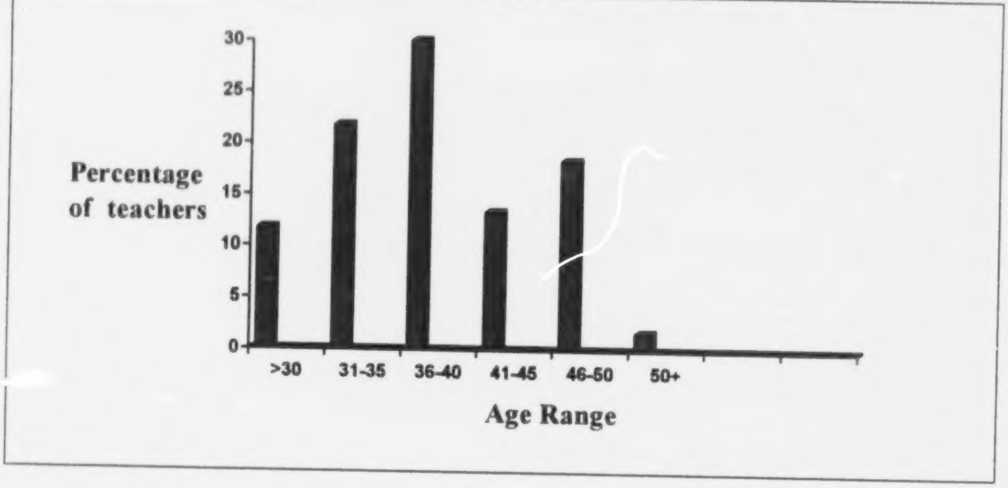
It was interesting to note that the largest number of non returns were from the centre which had been sent a total of 50 questionnaires. It was noted that a large number of the student teacher group at this centre were non-health professionals which may account for the low level of return. As the sample was obtained through contact with the course leaders at each site, the researchers were not privy to the participants' personal details consequently, reminder letters were not possible.

4.3.1 PART ONE (Questionnaire 2)

Demographic Details of Respondents

The respondent group included forty six females (79%) and twelve males (21%). The majority of the group (30%) were within the 36 to 40 year age range (Table 7).

TABLE 7: Age Range of New Teacher Respondents



The analysis of the data indicated that due to the variety of courses on offer across centres, including full time and part time courses, the new teachers had completed their programmes at different dates. Cross analysis of variables was undertaken using the t-test for independent samples to identify whether the responses from the sample varied depending on the date of commencement and date of completion of teacher preparation programmes. There were no significant findings from this analysis and descriptive data supported this result.

Teacher Preparation Programmes

The type of teacher preparation programmes at each centre were identified. Table 8 shows the programmes undertaken by respondents, most of whom had undertaken the BEd (Hons) full time studies.

TABLE 8: Type of Teacher Preparation Programme

Type of Course	Responses	Part time	Full time	Mixed Mode
PGCE/Cert Ed	11 (19%)	7	4	
PGCE	2 (3.5%)	2	0	
BSc (Nurse Education)	10 (17%)	1	9	
MSc Diploma Health Professionals	1 (2%)	0	1	
BA Nursing/Midwifery Education	2 (3.5%)	1	1	
Post Grad Diploma in Education	10 (17%)	0	10	
BEd (Hons)	18 (31%)	4	14	
*Others	4 (7%)	1	3	1
Total	58 (100%)	15 (26%)	42 (72%)	1 (2%)

* Four respondents undertook other programmes which were: Bsc (Hons) Nursing with Education - mixed mode (i.e., part time in year 1 and full time year 2 & 3). One respondent had completed their MA (Education) through distance learning.

New Teachers' Specialist Field

The majority of respondents were teachers in nursing, midwifery or health visiting. Four respondents were not health care professionals. However, the findings from this group of non-health care professionals did not differ significantly from the main group and so this data was included in the final analysis, as the focus was on teacher preparation in a shared learning environment.

The specialist curriculum area of respondents are summarised in Table 9. Nurses were from various branches within the discipline and the number of Health Visitors and Midwives in the study is a reflection of the total sample within the centres. Eight respondents gave the following varied curriculum areas:

Adult Education/Complementary Medicine
Health Professional Education
FurtherEducation
Media Studies; Design; Sports/PE; Leisure & Tourism; History

TABLE 9: New Teacher Curriculum Specialism

Curriculum area	No of Responses
Nursing (various)	43 (74%)
Midwifery	4 (7%)
Health Visiting	4 (7%)
Other (s) please specify in space below	7 (12%)
Total	58 (100%)

Composition of Shared Learning Groups

The results in Table 10 signify that nurses, including community psychiatric nurses and district nurses, midwives and health visitors were the predominant health professionals within the teacher preparation programmes in the five centres. However 20 respondents (33%) stated that a range of other professional groups were also involved in shared learning environments. These professional groups consisted of educators from a range of occupational groups prepared in Further Education and Higher Education institutions such as police officers, carpenters, electricians, builders, plumbers, plasterers, biologists, chemists engineers, administrators and medical artists.

TABLE 10: Frequency of Shared Professional Groups

	Nurses	Midwives	H/V's	Physio's	Soc Work	Occup H	Others
Yes	55 (95%)	46 (79%)	41 (71%)	4 (7%)	5 (9%)	1 (2%)	20 (34%)
No	3 (5%)	12 (21%)	17 (29%)	54 (93%)	53 (91%)	57 (98%)	38 (66%)
Total	58	58	58		58	58	58

Curriculum Context

The respondents were asked to identify aspects of the curriculum that were common to all group members. The researchers sought to identify whether theory and teaching practice were shared elements and if the learning outcomes and assessment processes were the same or distinct for subgroups. Table 11 shows that most respondents had experienced sharing of theory and teaching practice within a classroom environment.

TABLE 11: Shared Elements of Course Content

No. of Responses	Theory & Practice	Theory Only	Practice Only
Yes	34 (59%)	19 (33%)	1 (2%)
No	21 (36%)	36 (62%)	54 (93%)
N/A	3 (5%)	3 (5%)	2 (5%)
Total	58	58	58

The results and comments indicate that 'practice' in this instance was interpreted as practice teaching in the classroom rather than practice in their own professional area. Descriptive evidence suggested that sharing of experiences did not take place in practice placements as student teachers were allocated to their own specialism. Even

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when student teachers were afforded the opportunity to teach outside of their own professional specialism this was difficult to arrange. Health visitors had to abide by certain policy regulations to obtain both Registered Nurse Teacher (RNT) and Lecturer in Health Visiting awards. This meant an extra 40 days practice in nursing education and attending two practice settings.

Several respondents felt that sharing in the classroom gave them cognitive insight into other members experiences, especially through seminar presentations and open discussions as indicated by the following comment:

> *Although only theoretical sessions were shared the emphasis on reflection on practice enabled us to learn from each others' experiences as teachers.*

Midwives and health visitors were frequently a minority within the groups but their perspective was appreciated by other group members and their contribution was valued in reducing barriers between community and hospital environments.

> *I found the midwives and health visitors gave a different perspective and were very autonomous and health oriented. This made for interesting discussion both in class and at breaks. Although they were a minority in the group it was not a problem as their contribution was recognised.*

However this was not a consistent view. For example one respondent noted:

> *The minority group of midwives and health visitors seemed ambivalent. Sometimes feeling they were happy. Sometimes the feeling was most examples of practice were more nursing oriented than relating to their practice.*

The skills of the lecturers to the course in facilitating shared learning clearly influenced the minority group members' perceptions as indicated in the following statement made by a minority group member:

> *If the lecturer is from a similar background to the majority of the group the 'language can become very closed and club like'. This creates a feeling of exclusion at times the course content can seem irrelevant to our needs. The teachers need to be more adaptable.*

A few new teachers felt that sharing of ideas occurred only on an informal basis outside the classroom and that shared learning did not appear to be a planned part of their teacher preparation programme.

Learning Outcomes Assessments and Awards Systems

The learning outcomes, assessment procedures and award systems were generally the same for all group members within the five centres as seen from Table 12 below.

Table 12: New Teachers Perception of Shared Learning Integration in the Curriculum

Number of Responses (n=58)	Outcomes same	Outcomes distinct	Assessment same	Assessment distinct	Awards same	Awards distinct
Yes	50 (86%)	5 (9%)	53 (91%)	4 (7%)	50 (86%)	7 (12%)
n/a	3 (5%)	3 (5%)	1 (2%)	1 (2%)	1 (%)	1 (2%)

Although the learning outcomes and assessment procedures were the same in all centres expected the assignments related to the individual's own area of specialism. It was suggested by some respondents that the practical assessment strategies in teaching could pose problems for a new teacher with a community focus. However, this was not perceived as a problem by community-oriented respondents because these were mostly related to classroom teaching. They suggested that the nature of the programme allowed the sharing of ideas and also freedom for the individual to pursue their own interests, especially through the assessment processes. Peer assessment was appreciated and assisted shared learning in the practice of teaching.

New Teachers' Perceptions of Shared Learning

Respondents were asked to rate their level of agreement with 16 statements (Table 13) which were identified from both the literature review and data production from the course leaders.

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TABLE 13: New Teachers' Perceptions of Shared Learning Attributes

SHARED LEARNING	SA	A	U	D	SD
Promotes mutual understanding of roles	27 (46%)	26 (45%)	4 (7%)	1 (2%)	0
Disadvantages minority groups	5 (9%)	15 (26%)	9 (15%)	24 (41%)	5 (9%)
Promotes creative teaching	21 (36%)	22 (38%)	8 (14%)	7 (12%)	0
Helps breakdown professional barriers	22 (38%)	31 (53%)	4 (7%)	1 (2%)	0
Limits teaching to principles of the topic only	3 (5%)	17 (29%)	7 (12%)	26 (45%)	5 (9%)
Enriches the learning process	22 (38%)	28 (48%)	6 (10%)	2 (3%)	0
Increases cost effectiveness	14 (24%)	27 (47%)	16 (28%)	0	0
Can provoke anxiety in students	2 (3%)	18 (31%)	10 (17%)	24 (41%)	4 (7%)
Enhances personal development	17 (29%)	30 (52%)	6 (10%)	5 (9%)	0
Dilutes specialist subject matter	13 (22%)	21 (36%)	3 (5%)	18 (31%)	3 (5%)
Encourages self-appraisal	11 (19%)	31 (53%)	10 (17%)	5 (9%)	1 (2%)
Causes problems in planning programmes	7 (12%)	17 (29%)	15 (26%).	18 (31%)	1 (2%)
Promotes collaborative teaching	14 (24%)	32 (55%)	8 (14%)	3 (5%)	1 (2%)
Requires specific preparation for teaching	7 (12%)	18 (31%)	16 (28%)	15 (26%)	0
Creates interdisciplinary rivalry	0	8 (14%)	8 (14%)	34 (59%)	8 (14%)
Is a cost cutting exercise	12 (21%)	7 (12%)	18 (31%)	19 (33%)	2 (3%)

KEY: SA= Strongly Agree, A = Agree, U = Uncertain, D = Disagree, SD = Strongly Disagree.

The responses in Table 13 above were analysed further to show possible associations between scores. Spearman's Correlation Coefficient was used with $p = 0.05$ as a level of significance for two-tailed testing on the sample ($df=50$, $r = .2732$).

The results show, as anticipated, positive and negative associations between specific statements. As these results only indicate an association, not a causation of factors, their relationship is tenuous and are conveyed as such. However, some of the patterns in this analysis do provide a basis for further enquiry.

In general the pattern identified shows positive correlation between those statements identifying the positive features of shared learning and negative correlation with those illustrating negative features of shared learning. For example statement 1 focusing on shared learning promoting mutual understanding of roles correlated positively with statements which identified shared learning as encouraging self appraisal and promoting collaborative teaching.

TABLE 14: Correlation of statements: New Teachers' Perceptions of Shared Learning Attributes

	SHARED LEARNING:	Coefficient	Two-tailed Significance
1	**Promotes mutual understanding of roles**		
	Encourages self appraisal	.2706	p = 0.04
	Promotes collaborative teaching	.5197	p = 0.00
	Creates inter-disciplinary rivalry	-.3913	p = 0.00
	Is a cost cutting exercise	-.3345	p = 0.01
2	**Disadvantages minority groups**		
	Dilutes specialist subject matter	.3244	p = 0.01
	Promotes collaborative teaching	-.3374	p = 0.01
	Requires specific preparation for teaching	.2908	p = 0.03
	Creates interdisciplinary rivalry	.3908	p = 0.00
	Is a cost cutting exercise	.5001	p = 0.00
	Promotes mutual understanding of roles	-.4004	p = 0.00
3	**Promotes creative teaching**		
	Encourages self appraisal	.2860	p = 0.03
	Promotes collaborative teaching	.4654	p = 0.00
	Creates interdisciplinary rivalry	-.2862	p =0.03
	Is a cost cutting exercise	-.4021	p = 0.00
	Promotes mutual understanding of roles	.3559	p = 0.01
	Disadvantages minority groups	-.4186	p = 0.001
4	**Helps breakdown professional barriers**		
	Promotes collaborative teaching	.6393	p = 0.00
	Creates interdisciplinary rivalry	-.3789	p = 0.00
	Is a cost cutting exercise	-.3235	p = 0.01
	Promotes mutual understanding of roles	.5002	p = 0.00
	Disadvantages minority groups	-.3738	p = 0.00
	Promotes creative teaching	.5019	p = 0.00
5	**Limits teaching to principles of the topic**		
	Causes problems in planning programmes	.2753	p = 0.04
	Promotes collaborative teaching	-.3920	p = 0.00
	Requires specific preparation for teaching	.3494	p = 0.01
	Creates interdisciplinary rivalry	.4717	p = 0.00
	Is a cost cutting exercise	.4034	p = 0.00
	Promotes mutual understanding of roles	-.2672	p = 0.04
	Disadvantages minority groups	.4054	p = 0.00
	Helps breakdown professional barriers	-.2670	p = 0.04
6	**Enriches the learning process**		
	Encourages self appraisal	.3783	p = 0.00
	Promotes collaborative teaching	.4656	p = 0.00
	Creates interdisciplinary rivalry	-.3412	p = 0.01
	Is a cost cutting exercise	-.4859	p = 0.00
	Promotes mutual understanding of roles	.3946	p = 0.00
	Disadvantages minority groups	-.3868	p = 0.00
	Promotes creative teaching	.5594	p = 0.00
	Helps breakdown professional barriers	.5525	p = 0.00
	Limits teaching to principles of the topic only	-.3369	p = 0.01

continued......

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TABLE 14: continued

7	**Increases cost effectiveness**		
8	**Can provoke anxiety in students**		
	Requires specific preparation for teaching	.4629	p = 0.00
	Creates interdisciplinary rivalry	.4147	p = 0.001
	Is a cost cutting exercise	.3220	p = 0.01
	Promotes mutual understanding of roles	-.3697	p = 0.00
	Disadvantages minority groups	.3984	p = 0.00
	Limits teaching to principles of the topic only	.3144	p = 0.02
9	**Enhances personal development**		
10	**Dilutes specialist subject matter**		
	Causes problems in planning programmes	.2582	p = 0.05
11	**Encourages self-appraisal**		
12	**Causes problems in planning programmes**		
13	**Promotes collaborative teaching**		
	Encourages self appraisal	.3015	p = 0.02
14	**Requires specific preparation for teaching**		
	Dilutes specialist subject matter	.3267	p = 0.01
	Causes problems in planning programmes	.3907	p = 0.00
15	**Creates interdisciplinary rivalry**		
	Promotes collaborative teaching	-.2826	p = 0.03
16	**Is a cost cutting exercise**		
	Dilutes specialist subject matter	.2796	p = 0.03
	Causes problems in planning programmes	.3005	p = 0.02
	Promotes collaborative teaching	-.3060	p = 0.02
	Requires specific preparation for teaching	.3568	p = 0.01
	Creates interdisciplinary rivalry	.4604	p = 0.00

Shared Learning within the Teacher Preparation Centre

Respondents were asked to rate on a 10cm scale how their teacher preparation centre favoured shared learning. The mean score on this scale was 3.9 indicating that new teachers did not think these centres were strongly in favour of shared learning. This was a lower score than that awarded in the survey of all the course centres in Stage 1 of the study.

In contrast to this, using the same scale of measurement the new teachers perceived that they themselves were generally in favour with a mean score of 7.2. The written comments gave indicators of the positive and negative perceptions of shared learning identified by the respondent group (Table 15).

TABLE 15: New Teachers Responses to how Shared Learning was Perceived within Teacher Preparation Centres

POSITIVE ASPECTS	NEGATIVE ASPECTS
Accepted as course philosophy	Never discussed as a goal
Broad access to course	Nurses midwives and health visitors only
Reflected in planning and course content	Took place as a by-product of course design
Centre committed	Seemed a cost-cutting exercise
Encouraged by teachers	Teachers relied on input from students
Extended outside the classroom Social context very much to the fore	Other health professionals on campus -not involved
Encouraged collaborative work	Difficult to administer-different disciplines, and award routes in modular system
Facilitators encouraged cross-fertilisation of ideas	Sitting in a classroom with other professionals is not synonymous with shared learning
Peer assessment - observation and feedback	Problems in combining different academic levels
Common foundation areas useful	More specialist subject groups needed
All teaching staff ensured shared learning occurred almost all of the time	Ambivalent attitude from some module leaders
	Lack of library resources for specialist subjects

Several respondents elaborated on the reasons for the responses summarised in Table 15. Most expressed positive feelings towards their own personal development through shared learning for example;

> *The course was for me about enrichment. The structure, style , management and student mix enabled this to happen.*

Shared learning revealed a common aim between group members when exposed to cross-fertilisation of ideas:

> *Very informative and at times positively illuminating. We had more in common than that which divided us. It decreases insularity often apparent in nurses...Avoids tunnel vision and allows insight into others' views of your practice therefore challenging your values and assumptions.*

Some respondents were concerned about possible erosion of individual disciplinary knowledge bases and loss of autonomy of professional groups. Data production suggested that the professional maturity of the group meant that these respondents had already developed their professional self-concept. This factor were seen to decrease inter professional rivalry and facilitate inter professional debate.

Contrary to this, some respondents who had negative views of shared learning found that they benefited in small groups which allowed plenty of time for individual input and suggested that shared learning was not suitable in large multi-disciplinary environments.

Overall it would seem that shared learning environments might have adverse effect on group members who are experiencing difficulties with their own disciplinary knowledge base. To combat this and rivalries within health professional groups one student suggested that:

> *Teaching in shared learning environments does require skill....and teachers with a broad knowledge base and ability to balance diverse opinions, and facilitate understanding.....not common qualities.*

New Teachers Perceptions of their Preparation for Their Role

Respondents were asked to rate the statements in Table 16 regarding their teacher preparation through shared learning.

TABLE 16: The Extent of Preparation for Specific Factors related to Shared Learning

Statement	Very well	Quite well	Uncertain	Poorly	Not at all
Developing teaching strategies	10 (17%)	27 (46%)	4 (7%)	8 (14%)	4 (7%)
Motivating mixed groups	8 (14%)	24 (41%)	4 (7%)	12 (21%)	6 (10%)
Meeting needs of minority groups	8 (14%)	15 (26%)	12 (21%)	12 (21%)	7 (12%)
Providing relevant examples for learners	6 (10%)	24 (41%)	8 (14%)	9 (15%)	7 (12%)
Developing curriculum frameworks	10 (17%)	23 (40%)	5 (9%)	9 (15%)	7 (12%)

The results indicate that most new teachers felt quite well prepared to develop teaching strategies, motivate mixed groups and develop curriculum frameworks. There was a rather less positive response to the statement relating to meeting the needs of minority groups.

Additional comments following completion of this scale indicated that one respondent who had prior experience in teaching felt that the programme would not have been sufficient preparation.

Spearman's correlation coefficient indicated a highly positive correlation between the scores for each statement in Table 16 (df=50, r=.2732, p=0.05 two tailed test).

TABLE 17: Correlation of statements referring to adequacy of preparation (see Table 16)

Statement		
Developing teaching strategies		
Motivating mixed groups	.7988	p = 0.00
Meeting the needs of minority groups	.7076	p = 0.00
Providing relevant examples for learners	.6942	p = 0.00
Developing curriculum frameworks	.6891	p = 0.00
Motivating mixed groups		
Meeting needs of minority groups	.7332	p = 0.00
Providing relevant examples for learners	.7525	p = 0.00
Developing curriculum frameworks	.6969	p = 0.00
Meeting needs of minority groups		
Providing relevant examples for learners	.6297	p = 0.00
Developing curriculum frameworks		
Developing teaching strategies	.6891	p = 0.00
Motivating mixed groups	.6969	p = 0. 00
Meeting needs of minority groups	.5517	p = 0.00
Providing relevant examples for learners	.7172	p = 0.00

Additional comments from some respondents indicated that there were other positive features in their teacher preparation programme that had contributed towards understanding their shared learning programme. The additional skills identified are outlined in Table 18.

TABLE 18: New Teachers Additional Preparation through Shared Learning in their Programme

Comments:
Teaching health professionals
Encouraged innovation and personal reflection
Meeting the needs of disadvantaged
Overcoming cultural and generation gaps including class differences and gender
Awareness of different learning styles
Leading specialist seminars
Facilitative approaches
Exploring/assessing learning needs
Understanding reflection and experiential learning

Additional Comments on Share Learning

Many respondents gave additional comments for and against shared learning in teacher preparation programmes. Those in favour felt that they had a broader awareness and appreciation of different disciplines, and had an enriching experience which facilitated personal growth. Others saw shared learning as a tool towards better co-operation and networking between different professional groups. Sharing with other non-health professionals was not associated as a negative experience. The most valuable experiences were when nurses and other health professionals worked with each other in sub-groups. Some concern was expressed regarding the allowances made in the curriculum content for the 'specialist' nature or 'dual professionalism' of teachers as indicated by the following statements.

> *I resent the implication that I have moved into the profession of 'teaching' when in fact I have moved into a speciality of 'nursing'.*

Some new teachers were more sceptical as to the motives underpinning shared learning as their own special needs were not met and the quality of shared learning was diluted through large group size. This supported the finding, noted above (page 49), where new teachers tended to rate their preparation centres as not being in favour of shared learning.

However, the concerns of minority group members were raised again in that this group felt marginalised and noted a need for input from teachers from their own specialism. This contrasted with the views of some course leaders who noted that nurse, midwife, and health visitor teachers were valued by other disciplines for their contribution to classroom discussion and debate (see section 4.2).

As a final comment one new teacher highlighted the limitation of exploring the concept of shared learning through questionnaire technique which fails to capture the broader conceptual framework.

> *I consider the analysis of the concept of shared learning devoid of the context almost meaningless. As with so many educational innovations (or dogmas) it depends on personality and organisational culture. Surely?*

Summary of Section 4.3.1

In summary, the findings from this component of the questionnaire that explored the new teachers experience of shared learning in their teacher preparation programmes indicated a generally favourable response towards the benefits of shared learning. There was a general level of consistency between what the new teachers noted about their programmes and the findings from the survey of course centres outlined in section 4.1. Contrasting views were recorded in two particular areas. These were the perceptions held by the new teachers about the way the teacher preparation centres favoured shared learning and the ways in which the needs of minority groups were addressed. These issues are explored further in Section 4.4.

The next part of the questionnaire explored the extent to which these new teachers were able to utilise their knowledge in the environment of colleges of nursing and midwifery when they took up post as teachers on completion of their course.

4.3.2 PART TWO (Questionnaire 2)

The remainder of the data production from the questionnaire aimed to identify the newly qualified teachers' perceptions of their own teaching role in facilitating shared learning in their role as new teachers in colleges. The focus was on shared learning environments and initiatives. Three respondents returned to clinical practice without a formal teaching role and consequently did not contribute to some components of Part 2 of the questionnaire.

A number of support mechanisms for newly qualified teachers were identified and new teachers were asked to indicate to what extent these had been available to them. Respondents were also asked to indicate if they had opportunity to teach in a shared learning environment when they were in the college (Table 19).

TABLE 19: Support Mechanisms for Newly Qualified Teachers

Support Mechanism	Yes	No	N/A
Did you undergo an induction programme ?	35 (60%)	19 (33%)	4 (7%)
Did you observe different teaching styles?	28 (48%	25 (43%)	5 (9%)
Did you work alongside an experienced teacher?	21 (36%)	31 (53 %)	5 (9%)
Did you have a mentor?	37 (64%)	16 (27%)	5 (9%)
Did you teach in shared learning environments?	33 (57%)	19 (33%)	6 (10%)

As seen from Table 19 over half the respondents had undertaken an induction programme on return to their own area, were allocated a mentor and were teaching in shared learning environments. However, relatively less participants had actually worked alongside an experienced teacher as indicated by the following statements:

> *No formal mentorship programme was offered. I just 'latched on' to an experienced teacher who seemed happy to have me 'tag along'. I would not have survived the first few months without her help.*

> *There was no specific preparation even the induction period was a series of meeting members of the institution as opposed to preparation for one's role in practice.*

Spearman correlation (df =50, r-2732, p=0.05) indicated a positive correlation between statements in Table 19. These results are summarised below in Table 20.

TABLE 20: Support Mechanisms for Newly Qualified Teachers (see Table 19)

Support Mechanism		
Did you undergo an induction programme		
Did you observe different teaching styles?	.6653	p = 0.00
Did you work alongside an experienced teacher?	.4653	p = 0.00
Did you have a mentor?	.5380	p = 0.00
Did you teach in shared learning environments?	.4794	p = 0.00
Undertook an induction programme	.6653	p = 0.00
Did you work alongside an experienced teacher?	.6688	p = 0.00
Did you have a mentor?	.6196	p = 0.00
Did you teach in shared learning environments?	.6390	p = 0.00
Worked alongside experienced teachers		
Mentored	.6180	p = 0.00
Taught in shared learning environments	.3872	p = 0.00
Undertook an induction programme	.4653	p = 0.00
Taught in shared learning environments	.3683	p = 0.00
Mentored		

Teacher and Student Preparation within the Colleges

Generally, no formal preparation of teachers for facilitating shared learning was evident from the responses to the questionnaire. This was more evident as an indirect activity associated with other aspects of college activity. For example one respondent suggested that the Total Quality Management philosophy promoted an ethos that supported teacher and student preparation for shared learning. The philosophy of some colleges was such that different disciplines shared knowledge freely. Teachers informally shared ideas and worked towards making sessions broad and relevant to shared learning environments. Some respondents felt that the teacher preparation programmes would normally address this issue or that the teachers should be able to adapt their teaching approaches to accommodate different groups.

It was noted that in the colleges where the new teachers worked students entering the programmes were told they would be in a shared learning environment at interview and on course briefing days. It was noted by a teacher from one college that the students from varied disciplines were sent on community placements but these students could not always comprehend the rationale for this. Another college provided a session to address training and assessment strategies, students' role and expected level of preparation. Other centres found that students could easily recognise the relevance of certain topics to their own specific specialism. One respondent suggested that as staff were qualified as nurses, midwives and health visitors preparation was not assumed to be an issue.

Evaluation Methods

It was noted by some of the 58 respondents (22%) that shared learning was evaluated within their colleges. This was achieved largely through end of term evaluations, including the use of questionnaires and oral feedback from students. However a number (30%) did not know of any evaluative strategies. Others (29%) said that shared learning was not explicit in evaluative strategies although students often referred to it in feedback sessions. It was noted that although where there was no formal mechanism, these colleges evaluated experiences by verbal feedback, conferences and the use of nominal group techniques. This indicated a similar response to the same question asked of the teacher preparation centres (Section 4.1).

As a result of their experiences of evaluation new teachers concluded that although students in the colleges appreciated the topic structure they did not always understand the relevance of shared learning to themselves. The new teachers themselves felt that the varied outcomes depended on the group dynamics which were influenced by the background experiences and age of the student group. Shared learning in some cases was perceived by the new teachers to create fragmentation in learning due to structuring of programmes in the college. This led to a comment that :

> *Delivery is no different to traditional approaches to teaching*

Others commented that they felt inadequately prepared to facilitate shared learning.

Shared Learning Initiatives within Colleges of Nursing/Midwifery

Twenty seven (46%) respondents were aware of initiatives regarding shared learning within their own college. However, thirty five (60%) respondents felt that teachers were not prepared for their role in shared learning environments and twenty eight (50%) felt that students were not prepared either.

From the respondents' descriptive accounts it is evident that shared learning in classroom situations is on the increase within colleges of nursing and midwifery and in-service training initiatives within service education provision. Among college based

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initiatives the common foundation pathway for students undertaking a Project 2000 style programme was the most frequently stated.

In some colleges the ENB post registration framework consisted of modules designed for multi-professional collaboration. Likewise, post-registration ENB specialist courses had core modules and the specialist teacher assisted in application of theory to practice. In some instances NHS Trusts provided multi-disciplinary courses for professional allied to medicine.

Accounts indicated that some respondents had already experienced teaching disciplines other than their own whilst others were teaching varied nursing midwifery and health visiting groups at all academic levels. One respondent stated that although the college offered courses for nurses, midwives, physiotherapists and operation departments assistants, as yet shared learning was minimal. However, discussions were in progress and library resources were being rationalised. Some respondents demonstrated an awareness of national initiatives such as collaboration between social workers and nurses (CCETSW & ENB 1992). One college was about to embark on a shared programme for student nurses and social work students.

Descriptive comments indicated that respondents seem to appreciate and welcome these developments. There was also a suggestion that initiatives were being resisted in some quarters. For example one respondent queried why social services in their area were resisting collaboration despite numerous attempts to secure co-operation. Respondents who were sceptical about shared learning initiatives showed concern for dilution of disciplinary/professional specialisms and some felt it was a cost-cutting exercise. Others were more concerned with factors which could facilitate successful outcomes such as having appropriate skills to teach in a shared learning environment and developing an organisational culture to facilitate the same.

Summary of Section 4.3.2

The findings from Part 2 of the questionnaire to new teachers focused on the extent to which these teachers were able to use the skills acquired in the teacher preparation programmes to facilitate shared learning. This data provided an indication of the state of the art of shared learning in colleges of nursing and midwifery in the context of teacher development and support in their new roles

Overall the findings from this section indicated some evidence of shared learning initiatives in these colleges and gave an indication of student and teacher preparation. The evaluation methods used and the support new teachers were receiving in their role facilitating shared learning .

Summary of Stage 3

The survey of new teachers offered a useful insight into their experiences of shared learning in their teacher preparation programmes and their role in facilitating shared learning. This provided the direction for the next stage of the research which was an in-depth review of the new teachers own experiences and perceptions of shared learning in their colleges of nursing and midwifery.

4.4 STAGE 4 NEW TEACHERS' TELEPHONE INTERVIEWS

The purpose of this stage was to further explore the issues identified in the research aims from the perspective of newly qualified teachers, who had recently completed teacher preparation programmes and were now working as new teachers in colleges of nursing and midwifery. This involved following up the cohort of new teachers who had indicated a willingness to be interviewed when completing the questionnaires in Stage 3 of the study.

This section elaborates on the findings from the telephone interviews and the major themes to emerge from this part of the study. This includes consideration of definitions of shared learning; teachers experiences of shared learning and strategies deployed in teacher preparation programmes. Subsequently the teachers own strategies in developing shared learning are considered with some analysis given to their perceptions on meeting the needs of minority groups, and participatory learning as a strategy to facilitate shared learning environments.

In total 17 new teachers were interviewed representing a range of respondents from each of the 5 centres that participated in the case studies. The majority of respondents were new teachers to pre-registration and post-registration courses, the remainder of the sample represented minority groups in teaching within health visiting, mental health, child health, and staff development within hospital trusts. The sample included all new teachers who agreed to participate in a follow up interview. The interview schedule used to collect the data can be found in Appendix 3.2. The interviews were arranged at the convenience of the new teachers, which involved contacting them at a convenient time either during the working day, or by agreement at their own home as a number of respondents felt they would be uninterrupted in this environment.

Definition of Shared Learning

Teachers were asked for their own definition of shared learning, shared teaching and team teaching. These definitions, which are listed in Appendix 5, indicate a range of interpretations including consideration of sharing within a uni-disciplinary context.

Teachers Experiences of Shared Learning

The new teachers cited a variety of experiences of working with shared learning approaches (summarised in Appendix 5) The range of experiences reflected the number of new teachers working with the common foundation programme (CFP) of

Project 2000 programmes and teaching at both pre and post-registration levels. Other experiences of facilitating shared learning were cited as neonatal care programmes for nurse and midwives; multi-disciplinary diploma studies; and multi-disciplinary management programmes. The results suggested that there was a trend to deliver programmes as core material to large groups whereas the application of this subject matter was considered in smaller specialist groups. Core topics included health studies, professional studies, management studies, research methodology, and applied life sciences.

Teaching and Learning Strategies

Respondents elaborated on the teaching and learning strategies that had been used in their teacher preparation programmes and the strategies which they used in their present position. The data collected at this stage was collated into positive and negative experiences of teaching and learning strategies, in the context of the new teachers' experiences of shared learning during their teacher preparation programme. The results of this collated data can be found in Table 21.

TABLE 21: New Teachers' Perceptions of Teaching and Learning Strategies used in their Teacher Preparation Programmes

Teaching and Learning Strategies	
Positive Aspects	**Negative Aspects**
The teachers were role models and introduced us to the range of strategies	No teacher as role model
Peer group discussions and debate	Never looked at shared learning in any context
The principles of andragogy were well applied	Poor teaching consequently, no examples or role models emulated.
Learnt by example from other group members approaches to situations.	Different approaches to policy implementation during teaching practice
The learning objectives were focused and teachers taught the principles of teaching and learning which we applied to own area.	Although sharing took place between group there was no specific work initiated to explore this issue (not addressed as a separate issue).
The teachers gave examples in the classroom that lend themselves to a wide range of disciplines	Not discussed as a teaching message
Trans-disciplinary examples were learned through seminars and peer group work	Competition between the groups at different academic levels (undergraduate and post graduate)

The new teachers noted that their experiences were used to apply theory to classroom based learning when preparing to be teachers. The common approaches used to facilitate sharing within the student group were discussion and seminar work. The following positive comments portrayed how the process of shared learning was implemented in teacher preparation:

> *The Centre was excellent as the process was experiential and facilitated my own development in area of expertise and helped to breakdown barriers within community based teaching.*

> *My own course was adequate - absolutely. I Don't think any course can build in the reality factor and for the first 6 months I was constantly evaluating my practice and developing tools. Now that process has slowed down significantly although I do monitor my practice through evaluations.*

> *One of my colleagues in my immediate group was a radiographer and the rest were nurses. However, the shared learning environment was wider than nursing. We shared with all graduates for instance this could be, maths, history or drama. There was a very wide variety of people and a lot of learning was in these shared groups. I think what it taught me was the importance of accurate assessment. When colleagues talked about how they assessed I looked at these issues from my own perspective.*

Even when participants perceived that shared learning was not explicit in their centre they had valued their experiences of sharing within a multi-disciplinary group:

> *It was not explicit but it seemed to work. I see a need for shared learning and as multi-disciplinary also. There is the issue of blurring identities- but nurses can have tunnel vision towards nursing studies only. I am also a psychologist/anthropologist, I usually find that the psychology input is inadequate. I have my doubts about courses that are purely nursing oriented I would not have gone to certain centres because of this.*

> *My teacher preparation course did not go into the mechanics of what/how to teach in certain groups but our own shared learning experiences were very, valuable in learning the concepts and skills . Discussions and seminar work allowed me to develop teaching speaking skills.*

> *There was a mixture of teaching and learning strategies used with more structure to some sessions. The group were mostly nurses (from community and hospital) and midwives. We discussed issues such as health education and health promotion.*

In some instances, the group were not sufficiently aware of the reasons behind shared learning until months into their teacher preparation programme. Others expressed that there were no real examples of how to facilitate shared learning offered through their own course except groups discussions.

It was noted that another dimension of shared learning was present in mixing different academic levels, for example undergraduate and post graduate students, within a multi-disciplinary context. Some new teachers felt that this learning context can enhance shared learning as illustrated by one respondent:

> *It (shared learning) occurred through discussion and listening and actually seeing in wider issues....people were seeing things from a different perspective....so that from one session people would pick up completely different ideas...and there was lots and lots of group discussion- it was the richness of the day, because of the ideas that were expressed.*

There was however a negative dimension to this. When the reasons for combining undergraduate and graduate students were not explicit the student teacher group had questioned whether they were in competition, which created anxiety and refuge in their homogenous group. Two new teachers had experienced competitiveness within their groups. One group had questioned and resolved the issue and the respondent had used this learning experience to facilitate groups in a shared environment. The second new teacher perceived that competitiveness resulted within the group due to the focus on product rather than process within the programme. Generally, the benefits were seen to outweigh any difficulties between sharing with undergraduates and graduate level and motivated this person to study at Masters level within a modular inter professional programme.

Teachers Own Strategies

It was evident from the interviews that teachers developed their own strategies for shared learning. This statement below made by a practice based new teacher gives one reason for developing shared learning in the workplace, when teachers return to practice within a specialism, with updated knowledge and skills.:

> *There is presently a lot of replication in training for it to be cost effective. Bringing in an expert is essential to how it is applied in the classroom but it must be followed through also .*

Renal care was offered as an example of this where the teacher was responsible for the development of all disciplines at various levels to include people such has junior doctors, nursing staff through to advanced level, and paramedics within a multi-disciplinary group. In this situation workshops were used to explore needs and look at the differences in application through examples from the student group. This new teacher noted that initially opposition was experienced from medical staff with traditional beliefs, but the programme is extending to include community health workers.

New teachers were also able to draw on their own past experiences to enhance their teaching strategies. The following example shows how a teacher facilitated shared learning for client groups and transformed this learning to the classroom:

> *As a mental health nurse I would facilitate groups for clients from a variety of diagnostic groups. There is a great deal of variety in how people perform within the group for example, there might be someone who is hypomanic sitting not very far away from them there might be someone quite depressed and the group might be about anxiety management. So I think perhaps from my nursing experience I am equipped to manage the strong variations in students and use it in a positive way for each individual.*

Most of these respondents appeared extremely innovative and motivated to create good examples of shared learning for their student groups. The following statement condenses the structure of student learning within several colleges:

> *I reflect this (my own experience) in covering the whole range of strategies. On a given day as I usually teach in terms of a whole day or a half day . I look to build in a range of experiential, lecture, self directed learning, and library research, into the whole day*

On further exploration these strategies would be used to facilitate any group whether shared learning was an issue or not. Other more specific examples were offered that gave a deeper feel to the processes that occur within the shared learning setting. This group of new teachers saw motivating students as an important issue giving rise to a number of considerations and actions that they felt would contribute towards motivating student groups in a shared learning environment. A range of these issues are summarised below in Table 22.

TABLE 22: Teachers' Approaches to Motivating Student Groups

Teachers' Approaches to Motivating Students in a Shared Learning Environment
Valuing the members' contribution
Students are already motivated to attend and ask for more opportunities in this setting
Through reflection
Shared learning is a motivating factor not a competitive one
Topic relevance in small groups of 8 to 15
Now have confidence myself to question and debate issues
Diploma students tend to be more challenging and there is a need to challenge them to see relevance to practice
Having a sense of humour is very important
Depends on whether they have been sent on the course or self motivated as to the quality of interaction
Depends on the structure of the group, some are very vocal and can address topics from a broad perspective others are far more limited

Meeting the needs of the Minority Members in Groups

The needs of minority group members in a shared learning environment emerged as an important issue in this stage of the study. The new teacher groups identified a number of issues in relation to this. One perception was that some of the core concepts within the curriculum, such as health studies, apply to all groups and so the *"needs of minority groups is not problematic"*. Within this it was noted that the core theme assignments were designed to evaluate learning through application to the area of specialism. However, the issue was obviously not so straight forward and several respondents noted difficulty in managing minority groups in a shared learning environment. Potential and actual problems in meeting the needs of minority group members included a perception that:

> *Students are sometimes reluctant to look at their own cultural perspectives consequently they tend not mix.*
>
> *Minority group members are encouraged to participate but conformity and complacency prevents a true andragogical approach*

In recognising this situation one new teacher noted:

> *Group exercises and case studies from their discipline are used to help them think more specifically as some students find it difficult to see the relevance of the subject to their own specialism*

This could create problems for the teacher in developing an appropriate style in a shared learning environment. For example one noted:

> *It is easy to overcompensate for minority groups and a lot depends on how vocal they are*

In a shared learning environments the needs of minority group members appear to be a critical consideration and therfore suggests a need to consider the ways in which new teacher might approach their teaching to facilitate optimal involvement for all group members.

Participatory Learning

Situations in which teachers endeavour to ensure students play an active role in their learning can be categorised as participatory learning. The most frequent approach to involving students was, to take from their experiences and develop discussion relevant to practice within different areas. The new teachers interviewed in this study found this much easier to do with post- registration students noting that pre-registration students have limited experience to relate to. However, there were other reasons also why teachers' perceived difficulties at this level. This included a perception that the students did not readily see the relevance of sharing within mixed groups, along with the power and influence of the traditional social image of nursing:

> *Post registration students come with a specific view in mind probably, the majority are self-motivated and have been in practice for a long time and have their own remit. Pre-registration students ask what has it got to do with us? It challenges the Florence Nightingale image and conflicts with their own beliefs. It is all very well promoting P2000 but people coming into nursing do not hold this image and are bitterly disillusioned with the programme as they think they are "not doing nursing". Enthusiasm has gone by the end of CFP and they are unhappy and anxious so are they really prepared psychologically? The social image is still very alive and influencing. They want to look at illness not health. Their expectations and what goes on is the cart before the horse in branch programmes.*

One respondent gave an account of using creative approaches such as story telling to illustrate points across disciplines. It was noted that examples proved to be more difficult in course delivery at pre-registration level because there are professional implications for students to understand:

> *With story telling you can get communication breakdown but it is not easy to know where they (the students) are coming from and there are ethical dilemmas .*

Other approaches were used to help the student group participate in a shared learning environment. These included using film clips and autobiography (client stories). In addition reflection on practice was used to facilitate critical thinking and to integrate subject matter. One teacher found that there was an added advantage to using such approaches:

> *This creates a better use of language as the concepts used tend to be from the educational domain .Through reflection on practice one can utilise examples from students also.*

This same participant had the foresight to develop 'string groups' as a means of ensuring that groups of students work together and remain in contact throughout the programme:

> *.....because otherwise one can study over three years and not know anyone. My experience is that some groups mix others, do not and are unwilling to interact and cross boundaries. Modular approaches have advantages but learning can be fragmented, it is up to the teacher to emphasise interaction.*

To create an environment that would facilitate participatory learning it was necessary for teacher to address the potential barriers to shared learning.

Breaking Down Barriers

When approaching education from a shared learning perspective, there is a need to consider strategies to break down the barriers of traditional approaches to education. This group of new teachers were actively seeking out and giving examples from other disciplines. Some sought information from specialists, or colleagues from other disciplines and from their own literature searching, or experiences. One teacher specifically looked for cross disciplinary examples when marking assignments for example, in relation to advocacy or controlled environments.

For the specialist teacher, giving examples did not appear to be problematic because they can draw on their experiences. With modular systems teachers seemed more likely to teach their specialism across different academic levels. Some teachers were delivering core lectures to large groups and then splitting them into specialist groups, which were facilitated by the specialist teacher.

One teacher had developed their own knowledge and skills in reflective processes through their teacher preparation course and had formulated a plan to utilise models of reflection and research, as ways of breaking down barriers and as a developmental process at various levels. This also incorporates teacher development. Reflection and research were seen as ways of breaking down barriers.

> *When I started my course two years ago I had a very scant knowledge of reflective processes. We were presented with a range of models of reflection. I choose Benner's work and although it has its critics it can get you into the habit of reflective writing and can be descriptive. Initially it can start the ball rolling and then you motivate people as they go through. The critical incident framework of Benner's I find exceptionally useful for a variety of reasons. Within the 'reflective practice-bit' sessions on reflective journals have a focus whereas at the moment they are whinging/whining sessions....something like a critical incident session, they have to bring a positive and negative incident for the basis of a small group discussion. We look at learning, development, both personal and professional as active processes.*
>
> *Bringing teachers into that as well so that they can start to look at critical incidence and then later on, at the beginning of the branch we then raise the level and look at a different model such as Boud, Keogh and Walker. By the end of their training they will be familiar with at least two models (only going for 6 months yet). All of that knowledge and confidence I attribute to my course as I used Benner's work. I then prepared sessions to teach Diploma students. I have now moved on to Fish Twin and Purr's model (West London Institute). Students and teachers are beginning to talk the same language and it seems to be working.*

Teachers used other methods to develop students' thinking such as directing reading away from the professional structured texts towards newspapers, novels, and the psycho-social and politico-economic attitudes.

In post-qualifying programmes in particular there is the question of selection of students to groups. An example of this was offered from the neo-natal specialism where nurses and midwives are recruited and selected to form the group. Their background specialism may differ but *they have a common ground and a common purpose which is emphasised.*

This posed a further question are there other reasons to create shared learning other than when there is common ground?

> *We could bring them together purely as a challenge because they are used to thinking of just neonates. It is such a speciality they think the whole world revolves round neonates and there are actually other issues to be looked at such as community issues and the broad health reforms.*

Small group teaching and seminar work was the general approach to facilitating shared learning as otherwise the group size was seen to compromise the less academically able in interaction which also created a lack confidence in the teacher. Some teachers focused on how to pose questions and gain feedback others were able to relate models of health and health sciences across broader boundaries. Others emphasised the need to plan for shared learning and use the literature resources to look for cross-disciplinary examples and then build in a range of teaching strategies. The group size and teachers confidence were restrictive forces when considering the barriers to shared learning.

Planning Shared Learning

The planning of shared learning within colleges varied from an ad hoc basis with teachers, to a large extent, working independently on their specialist subjects, to some evidence of regular inter-professional interaction between teachers. Lack of interaction was sometimes due to the geographical location of professional education and, where structural integration had occurred, sharing of knowledge and linking of subject matter was facilitated. However, some teachers found that they still experienced obstacles from colleagues:

> *I am generally in favour of shared learning but the only thing that I emphasise is that if you are doing shared learning all the tutorial staff doing topic should meet before hand. Otherwise if you have people 'popping in' for seminar time and some of the tutorial staff could teach differently to what is expected to be taught. This could be a handicap to the students as well as the tutorial staff.*

Cultural barriers between professions were seen to inhibit multi-disciplinary education in health care:

> *It would be valuable to create multi-disciplinary shared learning -to include junior medical staff, local authority and staff field workers who are unqualified. However, this is political and there are major cultural barriers. I have worked in child protection capacity in the past with social workers who have a broader picture, and it is easy for professionals to polarise. The NHS reforms have created a management culture. In nursing, accountability is greater this is less of a feature in local authorities therefore there are major cultural barriers*

Some of the possibilities for future development were given for example:

> *It would be good if the common core could be used as a route for higher education and a health studies degree, with awards specific to the profession for example, Health Care Professional (Nursing). In my past experience in mental health we all called ourselves mental health care professionals within the multi-disciplinary team, and we saw each other with specific skills to provide a service to the clients. This can happen if there is not professional rivalries and people are not too concerned about loosing titles.*

Resource Driven or Education Led?

Teachers were asked for their opinion on shared learning as resource driven initiative or a learning strategy towards cross-disciplinary understanding. The replies suggested that this would depend on whether there was a cost implication as the underpinning reason.

One of the themes that emerged from the data was that if professionals are joined together under the name of health professions where education and the mode of delivery is by key lectures to one intake once a year, then it may be resource driven but that teachers have a role to play in identifying and justifying what is needed. It was suggested that large groups are broken down into tutorial groups for key areas, although this would be a drain on resources, it could enrich learning. Planning time and organisational commitment were viewed as essential to success:

> *One could say that any teacher has the skill to deliver in a shared learning environment but it is not as simple as that - if teachers are working together on preparation of material and team teach, or teachers sit in on sessions this would take a willingness on behalf of the organisation due to the time factor. The choice of teaching is important. A physiotherapy teacher might be the better choice to teach the musculoskeletal system for example. This could also help to bridge the theory-practice gap by having the most relevant examples of practice given.*

> *From my experience I have suggested teachers meet beforehand and we are trying to develop a system whereby if they cannot meet there is a briefing paper or overview of what needs to be done.*

Some teachers were more sceptical about shared learning and a lack of human resources in community care caused obstacles. For example one respondent noted:

> *The college's whole educational machinery is problematic, it hasn't sufficient staff in the community and they are overburdened.*

Suspicion as to the driving forces was evident for example;

> *When I think about the answers I have given you, I might have sounded very positive about shared learning and all of these integrated concepts. At the same time I have some suspicion or disagreement with the underpinning forces that are producing shared learning and I think that they are predominantly economic. So what I might be saying is, that we as a profession, and me as a teacher need to keep my eye on what forces are producing shared learning. At the moment in my work role I feel quite in control of shared learning, but I would not want to generalise from my positive experience that shared learning was applied to all nursing groups or to all subject matters. I could see how nursing itself could be badly eroded by shared learning processes that were motivated by the need to economise and what might be eroded in nursing is the confidence and autonomy of the individual in the clinical area, in terms of the specialist skills and separate knowledge each individual needs. The word initiative sparked me off to thinking what forces are producing so much shared learning?*

The importance of content as a reason for shared learning was emphasised:

> *If the emphasis is on resources as a driving force, this would be a shame. Resources may lead the organisers to share learning environments but I would like to see the content take the lead to future developments.*

Way Forward in Teacher Preparation

Some teachers felt it was essential to prepare teachers particularly for teaching in shared learning situations whereas others who were more experienced in teaching prior to their preparation course did not emphasise the need so much. Teaching at different levels was also addressed:

> *What is more important than shared learning and all the rest, is teacher preparation. They think they are working at diploma level but their own knowledge of reflective process is limited. We must get the teaching right first and shared learning is miles away in the horizon as a concept.*

> *Teachers definitely need preparation. As an expert in my field I don't have a problem as I am confident to teach all levels. Other colleagues might find shared learning threatening, if they are not sure of the group or not experienced in teaching. I will personally encourage shared learning in any environment, although it is not easy as others do not see its needs and it is difficult to facilitate this. Broader shared learning will depend on the Faculty in Higher Education we merge with. Lecturer practitioners can help to facilitate shared learning in practice placements.*

The proposed method of preparation was through practical experience and teaching a range of groups. This was seen as a challenge to teachers in dealing with people of diverse backgrounds. However, recognition was also given to the problems new teachers encounter in meeting these needs.

> *Teachers with little or no prior experience definitely need to observe others and have a 'bit of experience' facilitating shared learning under supervision. Once you have developed your own methods it is difficult to change.*

Finally, personality and professional background was seen to influence teaching in shared learning as professionals can sometimes safeguard their own specialist area.

General Issues in Shared Learning

Teachers referred to sharing with other teachers, understanding each others roles and breaking barriers within a multi-disciplinary context as the main benefits for them. This was authenticated provided the individual's own needs were also addressed.

Some teachers who had experienced negative results from their learning experiences, questioned the quality of education for nurses and midwives with the current changes in education since P2000. The main concern here seemed to focus on the lack of specialist application across all branches both in theory and practice because of shared learning environments:

> *I can't comment on the impact it might have for general nursing but I am very much in disagreement with the level of experience for students in Mental Health (MH). I am deeply suspicious as to the quality of education they are receiving at the moment. My understanding is that they are only exposed to MH specialist practice for 20% of their time, and its not enough for any given individual in my view to be able to build confidence or the specialist communication skills, they need to be able to work with ill people. I do not really see a great benefit to their nursing, to spend a great deal of time around well people. They do need to be able to theoretically analyse, the*

> *predominant developments and predominant health patterns and so forth, but in order to become a MH nurse they need to learn with the patient. I have heard qualified diploma students say they lack confidence and are very unsure in their role and that they felt they didn't have enough clinical experience in their specialist field.*

A comment from a general nurse teacher equally questioned shared learning throughout a programme:

> *Although I agree with a core element of shared learning, specialist knowledge must be maintained. If theory is truly integrated with practice how can we send students out to specialist areas then teach them as if they are generalist nurses?*

Some areas are already addressing the balance:

> *It seems to me that the trend is to integrate courses, in fact that is a remark out of the past. Courses are integrated and interdisciplinary learning at university level seems to be the norm. I think nurse teachers need to be aware of their responsibility to provide a strong argument to retain subject areas within the curriculum and focus on specialist need's. From my experience, the course I am running seems to be pretty well balanced in having 1/3 of the time for specialist focus. This was also my learning experience (on my teacher preparation programme) we had specialist studies for about 1/3 of the time.*

One issue to address in policy decisions for nurse/midwifery education in the future was suggested through the following comment:

> *The future will depend on whether the major universities only are successful in holding all of health care professional education within their institution. If so, then centres of nurse education may suffer. This could stifle activity and creativity and might take resources for example libraries from clinical staff. It would be better to keep health education in more institutions than less to keep diversity. Nursing coming into Higher Education by a college of health will be less inclined to maintain those resources. The institution may concentrate on a large number of students and changes in the delivery and access to education can be rapid.*

Delivery of interdisciplinary and inter-disciplinary learning through core modules was criticised in its present form within some areas because of the likelihood of emphasis on resources as a driving force and because of the generic nature:

> *Yes (shared learning) is explicit in the institution within the higher award framework but it is generic. Some core modules are needed but not at the expense of specialism. Mental health nurses have suffered due to the change to a generic approach. Recent training courses are almost exclusively taught by non mental health nurses. (Education delivery is often by non mental health specialists). Empowerment and advocacy suffers as a consequence.*

Core modules were also viewed as a cost effective method

> *I would plump for cost effectiveness. I do see it because of the environments but I see it actually as a focus, a shared focus or shared concern, and the group themselves will respond to that. I see it in the very large groups where they are coming together en mass, four or five groups, who are doing different courses, come together for core subjects, and nobody gets anything out of the session.*
>
> *The teachers get very frustrated and the individuals groups get frustrated because you could have (and I mean this is just hypothetical) but you could have four examples of sociological, biological session and you have got people who are doing basic courses, people who are doing more advanced intensive care courses, or something, all together in a big lecture theatre. Trying to split the group up causes problems. I think they are put together really as a cost effective measure. In the smaller groups you have got more control and more flexibility, you can actually follow people's ideas and explore the issues. That's were you get the richness of it - shared learning. Because you have got 120 people who need to be taught the anatomy of such and such.... that's actually defeating. Because of the richness it is the smaller groups where you can actually explore and get the richness out.*

The clinical link of the teacher was also highlighted:

> *From my own experience there is very little cross teaching. The role of nurse teacher in the future, some say it will be generic and we will call in the specialists to apply to area. The clinical role of the teacher is very important for the future.*

Some teachers felt they had a good foundation for the role of lecturer practitioner and on return to their own areas had actively sought these positions or were forced to due to frustration and disillusionment with the quantity of classroom teaching.

Summary and conclusion of Stage 4

Most of the new teachers who participated in this study appeared extremely innovative and motivated to create good examples of shared learning for their student groups. Many had found the experiences on their teacher preparation programme to be of benefit in stimulating ideas, as to how to manage shared learning in their own roles as teachers in colleges of nursing and midwifery.

In general, the pattern to emerge from this stage of the study supported the questionnaire data in that new teachers had opportunity to practice in shared learning environments although for the most part such opportunities were created by models of education adopted in the Project 2000 programmes. Other examples were given of multi-disciplinary programmes, but rather than a major consistent theme these were isolated examples of initiatives. This may be due to the small sample in the study.

Two issues arise out of this. First, whilst it was noted that the Project 2000 programmes created opportunity for shared learning to occur, the benefits of sharing appeared to be challenged by the size of the groups. When shared learning was referred to as a positive experience for students it was associated with working with smaller groups. Post registration courses are unlikely at present to match the size of Project 2000 common foundation programmes, which may, be another factor influencing the perceptions of working with post registration as opposed to pre registration students on a shared learning programme. Some teachers noted it was difficult to facilitate shared learning with pre registration students who did not have any experience to draw on. It may be that this situation is exacerbated by the large group sizes.

However, despite the potential limitation of group size noted above, a very positive feature of this part of the study was the level of creative teaching demonstrated by this group of respondents and the efforts they are making, sometimes within difficult circumstances, amidst organisational changes, which creates resource dilemmas.

Another area of concern for future planning is the issues raised in the context of minority groups within a shared learning environment. It would appear that this is an area where teachers need to demonstrate great skill in meeting their needs.

4.5 STAGE 5 MENTORS AND MANAGERS TELEPHONE INTERVIEWS

This section reports on the findings from Stage 5 of the research which involved telephone interviews of a group of experienced teacher and managers. This stage of the study was designed to address the third aim of the project which was *an investigation into the practice and effects of shared learning in contrast to the separate approaches as experienced teachers and education managers within nurse, midwife and health visitor education.* An interview schedule (Appendix 4.2) was designed and the questions posed from the telephone interviews in Stage 4 of the study was used to structure the discussion with the mentors and managers.

The selection of the sample group for this stage of the research has been discussed earlier (Section 3, page 25). In total eight experienced nurse teachers who were mentors to the new teacher group (n =17), who participated in the previous stage of the research were invited to give their views on shared learning and the facilitation of shared learning in their workplace (see section 4.5.1). In addition, a small group of managers were asked to contribute their views (see section 4.5.2). The small number of respondents can only allow a general overview of their views on the issues. For clarity these are presented in separate sections below.

4.5.1 The Mentors

All of the mentors were qualified for some years (5 to 14 years). Their own teacher preparation courses had not prepared them specifically to deal with shared learning. Even some who had studied in a multi-disciplinary group felt that shared learning was neither discussed or facilitated. From a historical view point health visitors and midwives were restricted by the nature and availability of preparation courses for teaching within their own discipline and several anomalies surrounded the structure of programmes. Changes in policies for the preparation of health visitor teachers were welcomed. One respondent reiterated the problems she encountered in accessing a teacher preparation programme. This person was forced through circumstances to undertake a Certificate in Education (Nursing). Later on, centres began to facilitate courses that awarded a teaching qualification specific to the areas of specialism as opposed to a generic nursing qualification.

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The mentors had experience in facilitating shared learning within their present roles:

- as lecturer and an advisory role in planning and problem solving
- a co-ordinator of a critical supervision programme for multi-disciplinary groups
- a facilitator of shared learning programmes in management studies
- a facilitator of shared learning within multi-disciplinary education

The interviews identified that the mentors' own professional development, through undergraduate and postgraduate studies, and the need to remain abreast of changes in education, had enabled them to develop their opinions on shared learning.

Mentors' Role

The experienced teachers viewed their role as mentors to new teachers as a two-way process in working together with the new teacher to facilitate development and to develop teaching and learning strategies. Organisational obstacles such as current changes amidst mergers and amalgamations, workload and sickness patterns often inhibited closer interaction and evaluation of professional development. The following areas were specifically mentioned as important in mentoring new teachers for facilitating shared learning:

- confidence building
- problems in relation to perception of role
- student/teacher relationships;
- on the job hints on managing classroom,
- deflect problems in personality
- debate in classroom;
- literature searching and lesson planning.
- time management
- monthly voluntary meetings
- an open door policy
- address core content
- planning and delivering sessions together.

Mentorship as a process of development can be seen from the following example:

> *The person I am mentoring and myself actually work in the same academic group, we both teach health. So we share views on how you would actually teach health and how you would facilitate it. There is that element. Another component is that we both share the same group of students and so we are*

> *actually looking at how we interact with these students in terms of counselling, in educational counselling, how we undertake those sort of duties as well. We discuss the way we feel we can get the best out of students. We also look at things like marking, or facilitating - for her to go and work with somebody else because I feel that they have something to offer her.*

The need to maintain standards and monitor teaching approaches was addressed and sharing teaching was highlighted as one method:

> *It goes back to (sort of) teachers twinning up, that is you can maintain your standards because the two of you will want to gain positive outcomes, because I'm not going to let the side down, almost. I think standards are increased by doing that. We don't monitor teachers at the moment.*

Inter-disciplinary liaison between teachers of health professionals and other professionals was seen as both necessary and valuable to create a suitable environment for shared learning. Interaction across professions was generally through individual networking and was seen as a strategy to expedite their own teaching. Although some colleges were also promoting cross-professional teaching.

Teacher Preparation

Mentors were asked if they considered that teachers needed preparation for teaching in shared learning environments. Their responses are summarised as follows:

- In the past there has not been an acknowledgement of its value and the present new teachers are saying the same. There is a need for teacher training to address it
- The knowledge element is transferable in shared learning. It is the methodology that needs to be reviewed. New Teachers are weak on lecturing and running groups.
- The knowledge and skills are transferable, but there is a need to look at strategies appropriate to the subject matter as shared learning is probably more subject dependent.
- Preparation is essential for the type of programmes they are expected to facilitate on return to their area of practice
- Teachers need to be prepared for that broad perspective and be aware of the difficulties of actually bringing in those ideas to a group that have no nursing background.

- Preparation should include all disciplines in nursing getting together to share ideas and to look at the strategies, topic areas and the principles and skills that are transferable.

- New teachers need to gain a better understanding of the roles of others.

- New teachers need to learn about planning and communication

- Preparation should include; raising awareness of the likelihood that people have different backgrounds, training, resources, and that they use resources differently, so that the assumption is not made that everyone knows the concept.

- New teachers need an awareness that the same concepts are used differently in different disciplines and that skills may manifest differently as well.

It was apparent from the statements made by the mentors that they recognised the importance of shared learning but viewed this in the context of developing skills that are transferable. This was suggested as particularly relevant in the context of facilitating multi-disciplinary groups. This limited data highlights the need for new teachers to gain a better understanding of the roles of others.

Teaching and Learning Approaches

Mentors reiterated similar strategies to the new teachers in facilitating shared learning such as: students' participation in their learning; students' reflection on their own areas of specialism; discussion groups; and giving examples in their teaching that referred to the different disciplines within a group. The potential and actual pitfalls encountered in giving examples to a mixed group of professionals was reported. The mentors felt that the problems they experienced were firstly; in giving examples that were too generic, or skewed towards the teachers' own specialist knowledge and background, and secondly; how to deal with different academic levels within student groups without placing the onus entirely on the group.

Mentors were asked to describe any plans for future shared learning initiatives within their own colleges. This data resulted in a range of comments around the context of shared learning as well as the future initiatives. Responses indicated that some areas were exploring the possibilities of shared learning environments between health professionals. Other responses indicated some reservations as to how barriers and 'status issues' between groups could be diluted and stated that it would be years ahead before 'real shared learning' would materialise. This was further supported by the responses that at present 'lip service' was given to shared learning, suggesting that the experience was more akin to sharing classrooms rather than shared learning.

In contrast some very positive initiatives were cited and the value of sharing between groups emphasised:

> *The medical profession greatly value nursing and midwifery teachers' input to programmes*

Some centres clearly had targets to increase shared learning environments. A three year target was planned in one area and a range of shared learning initiatives within other areas were noted as follows:

- Study days to facilitate the planned merger with other health care professionals
- ENB Higher Award modules are multi-disciplinary
- MSc in Applied Science/Modules in MSc and BSc
- Community Diploma interdisciplinary (will be multi-disciplinary)
- Generic modules and generic packages for open learning
- Core curriculum as a trial over a year between undergraduate and diploma pre-registration
- Community focused programmes to include social workers, occupational therapists and nursing branches
- Common Foundation Programme at pre-registration level and the inclusion of four separate weeks of shared learning through branch programmes

Core topics such as inter-professional skills, management, health and safety, moving and handling, marketing, research, facilitating learning and supervision of practice were regular classroom shared sessions. At pre-registration level studies, the mentors suggested that the common core subjects were the foundation for sharing between the group members. It was suggested that at post-qualifying level studies, the students' own past experiences were used to facilitate shared learning. In contrast, that: *the unqualified person or the newly qualified person may not have as much or as relevant experience to bring to the group.*

Overall shared learning was seen to be promoted by most of the colleges in which the mentors worked and it was suggested that shared learning was part of the ethos of some colleges. Some mentors noted that shared learning is far from a new phenomenon because it has been practised in higher education for many years. This re-emphasises the need to identify the actual processes in so called shared learning environments.

Benefits and Barriers to Sharing Learning

Mentors were asked to identify what they perceived as benefits and barriers to shared learning. The following points reflect the mentors' views on shared learning as a means of breaking down barriers and gives an indication of the perceived benefits as follows:

- Shared learning is enormously beneficial in breaking down inter-professional boundaries and students can see the commonalties across disciplines.
- The students learn about each others roles and how to work together. They can address the similarities and differences between roles and the facilities to build bridges between disciplinary teams.
- There is a potential to get a much broader view of other people's roles.
- The student groups extend sharing to a social multi-professional group.
- It is the best way forward to develop understanding, break down barriers and ultimately enhance care for the client.
- Traditional students in a separatist specialist programme were more compliant and accepting, rather than challenging in their learning. Student groups within a shared learning environment tend to challenge.

Not all views expressed were so positive however, and the negatively oriented comments emerged in the context of barriers to shared learning.

- We get negative feedback from the student groups so far. They tend to want to focus too early into their programme and listen to the problems/complaints of other groups rather than share learning.
- There are mixed feelings in the college- (a) people are open to the idea and put a lot of effort into it, or, (b) people are resistant to shared learning and want to retain a sort of separatist approach
- There are no great differences in the delivery of the course content. Teachers still tend to use the traditional approaches, whereby core topics are taught to a larger group and the specialist application is facilitated through seminars.

Resources and Environment

Mentors were asked for their opinion on whether shared learning is resource driven or a planned strategy to enrich learning. There was a definite disagreement from the mentor responses that pooling resources were the primary reason for shared learning. Even if this was the case initially, mentors' suggested that complementary developments had now outweighed any suggestions to the contrary. Although politico-economic reasons were not identified as a driving force, there were some factors that created difficulties in developing shared learning as the mentors would have wished. The geographical location of student groups was seen as problematic. This situation inhibited groups coming together within a common core module to share learning. Time tabling in some areas was now compiled centrally and on a yearly basis. This restricted flexibility in facilitating sessions. The mentors' views suggested, that the idealistic reasons for sharing learning were powerful but the practicalities of delivering it were wrapped into obstacles, including financial and professional obstacles.

Concern was expressed as to the future preparation of teachers of nursing, midwifery and health visiting. This concern was founded on the supply of alternative modules or short programmes, along with the Trusts approaches to releasing staff for professional development and the short contracts afforded to staff in some areas. These processes were collectively and potentially, seen to affect the organisation and delivery of educational programmes. Ultimately it was felt that in the future, a flexible group of service employed practitioner teachers may deliver the specialist core subjects within a modular programme along with higher education subject specialists lecturers.

> *It is idealistic to want shared learning in some respects but to get it off the ground is much more difficult in practical terms. There is a lot of evidence of professional jealousy regarding professional boundaries and people do not want to give too much up should they be lost. This is how professions have developed in society and they do not want to loose their identity.*

Summary of Mentors views

The experienced teachers who were acting as mentors to newly qualified teachers demonstrated a positive orientation towards the belief that benefits of shared learning between health professionals and other professional groups outweighed any shortcomings. However, none of the mentor group (n =8) had specific preparation for facilitating shared learning environments. The respondents cited a number of initiatives that were ongoing or being developed in their own centres. They seemed sensitive to the needs of the new teachers and made effort to ensure that opportunities were available for the new teacher group to develop their skills in facilitating shared learning environments.

4.5.2 The Managers

This section gives the results from the telephone interviews with four educational managers from different centres. As the sample was extremely low these results are only meant to give a useful insight into some of the managerial implications of shared learning. In the context of the broad ranging issues of shared learning discussed in the study, the views of these managers were similar to those of the mentors and the new teachers. Consequently, the whole of the interview data will not be referred to in this section. The pertinent issues from the managerial perspective are summarised below including organisational and professional issues, resources, had the implications on educational issues and the preparation of teachers.

Organisation/Professional Issues

Shared learning was described by managers as situations when individuals can access learning experiences of value to them irrespective of which discipline they come from. A number of organisational and professional issues emerged in the discussion with the managers. Managers were *'looking at all ways to strengthen sharing and where possible seeking challenges to strengthen links and foster sharing from a multi-disciplinary perspective'.* The possibility of having shared learning at all levels in nurse, midwifery and health visiting education were highlighted. The managers referred to the issue of different 'levels' of sharing learning as both mixed ability groups and different academic levels. This issue was notable within post-qualification modules in particular. It was recognised that in order to facilitate shared learning between different levels, for example, pre- and post -registration, forward planning of programmes is essential.

It was also noted that managers need clarity of vision and foresight into modularisation of courses to create shared learning between different disciplines. This meant that curricular activities and resource planning including human resources, need to be addressed if shared learning occurs in multi-disciplinary environments. It was acknowledged that there can be resistance from professionals who cannot see the overall benefits of people being educated together, and yet maintain their own professional responsibility and autonomy in practice.

In summary a number of key points relating to the organisation and management of shared learning were noted as follows:

- shared learning can be much more economical with teaching resources because different groups can learn together with one facilitator
- the students can get cross-fertilisation of ideas irrespective of their branch specialism
- shared learning can maximise learning
- professionals can become entrenched in their beliefs about their own area of practice
- there is a great deal of professionalism around protecting boundaries
- it is important to maintain quality of student experiences
- to create focused sharing is a better approach
- shared learning has benefits of breaking down barriers

The manager' responses suggested that the fundamental reasons for shared learning are genuinely meant to facilitate sharing for example it was noted that:

> *'if we can get all professionals together in selective areas to work together and apply theory in practice by understanding roles, at best it will improve patient care and as a minimal outcome prevent duplication.*
>
> *It enriches the learning experience and develops an opportunity for people to learn something about the culture and ethos of patient care with a collaborative approach, rather than come at it with a narrow view.*

Such statements indicated the potential for educationalists to work together in organisations to facilitate professional development to support care.

Resources versus Educational Environment

Another issue of concern to managers was that of managing resources to facilitate educational developments. Although positive attitudes to shared learning were noted the need to 'get the balance' right was expressed:

> *'instead of number crunching, we need to look for the educational opportunity first and foremost in sharing. Look for the quality rather than quantity'*

Managers stated that any opportunities that could be used for shared learning across disciplines that are allied to patient care should be maximised, provided this does not interfere with the quality of that provision. The reason for this were based on health care as a multi-disciplinary activity, and as a consequence, should constitute a sharing of responsibilities by professionals in relation to patient care. However, it was also acknowledged that shared learning could be a cost-effective and resource driven initiative and therefore the processes need to be monitored.

There was also some reservation about managing the teacher resources. One noted for example that it is difficult to get teachers to take shared learning on board. It was suggested that the key to success was in getting teachers developed from their traditional approach of teaching within special areas only, to addressing the multifacited issues surrounding areas such as health.

The long term implications of shared learning were considered. There was a perception for example, that shared learning may be more theoretically useful long term than practically useful. The implications of flattening structures and in breaking down barriers was also addressed. In the context of the present changes in education, it was suggested that shared learning has already been overtaken by events in time and we may return to teaching within separate specialists areas. The latter comment was supported by the following:

> *People are more independent in their learning. The original research to suggest the importance of shared learning and which brought about the common foundation programme, is no longer the emphasis as it has moved to another dimension. The actual process is more individual and focused into the individual's own needs and modular structures within specialisms.*

In summary it would appear that here are a number of issues that may cause concern to educational managers when faced with managing resources for education, whilst at the same time considering professional developments. The focus of such development activity was seen as being oriented toward improving care.

Preparation of Teachers

The managers were asked to consider if teachers need preparation for teaching in shared learning environments and the results gave similar information to the other respondents in the study. Breaking down the professional barriers through shared learning was viewed as all important. It was also acknowledge that *'people assume they can do it without preparation which is unfounded'*. It was suggested that teachers require skills that are more facilitative than the more traditional approaches to education and not only in the delivery of the sessions, but also in the follow up, such as; support and application to clinical practice for the student groups. *'It is another approach to teaching requiring a repertoire of skills'*. Consequently, there was agreement between the respondents that teachers who are expected to teach in a multi-disciplinary or interdisciplinary group do need preparation. The managers identified some support mechanisms that were already in place:

> *Unqualified staff to the college all have a mentor system to identify their needs and to facilitate their development. It is the managers role to co-ordinate this*
>
> *New teachers are made aware of relevant teaching strategies and their needs are addressed which can include shared learning issues*
>
> *Teachers can be prepared to enrich the learning process through mixed groups in their preparation centres. Teachers need preparation in how to handle these groups, to facilitate learning, and to use various strategies to achieve good results.*

A personal experience of shared learning environments was viewed as one way to gain preparation. It was suggested that new teachers gain help in developing their strategies for classroom learning in shared situations. The problems some new teachers encountered evolve around teaching larger groups. Thus suggesting that shared learning was an economical commodity rather than a way to help people learn from each other. One manager gave recognition to the students' evaluations as providing a forum for discussion on teacher needs and teaching strategies.

One respondent recognised that some subjects have the potential to be badly taught whatever the approach, but that this could be exacerbated within a shared environment. The answer to this was directed towards choosing the most appropriate teacher from a profession for the subject matter. Managers perceived part of their role as providing and deploying teachers to subject led modules and to ensure that the professional and academic expertise are available for the educational units.

Integration of Theory with Practice

The role of new teachers in practice was also mentioned. Managers noted that they actively encourage all teachers to have clinical experience of their own so that they are still in the ambience of clinical practice as '*you can soon loose touch with it if you are not in regular contact*'. They saw the teachers' role in practice areas as a supporting mechanism for students and assessors, through familiarising them with the curriculum and assisting them to develop their competencies. However, there was no reference to facilitating shared learning environments in the workplace.

Summary

Overall this small group of managers, like the mentors, had a positive orientation towards shared learning. They did however, raise a number of resource issues that may have impact on shared learning initiatives. The need to ensure teachers are well supported in the environment emerged as an issue for both mentors and managers.

SECTION 5: SUMMARY OF FINDINGS

This section will summarise the findings from the five stages of the study in relation to the aims of the project.

The purpose of the project was:

1. To ascertain the extent, to which shared learning occurred in the ENB approved educational programmes for the preparation of nurses, midwife and health visitor teachers.

2. To examine the curricula of educational programmes of preparation for these new teachers and to investigate the areas of shared learning, in terms of content, both written and taught, teaching and learning methods, assignments and teaching practice placements.

3. To investigate the practice and effects of shared learning in contrast to the separate approaches, as perceived by current teacher students, newly qualified teachers, experienced teachers, teaching staff involved in the teacher preparation programmes and education managers within nurse, midwife and health visitor education.

4. To clarify the appropriateness of shared learning within a wider health professional framework for teacher preparation

The debate surrounding the definitions of shared learning was discussed in the literature review (pages 6-8). Drawing from the literature for the purpose of this study shared learning was defined as:

> ***'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes'*** (ENB 1990).

This study has addressed some of the issues surrounding shared learning on teacher preparation courses for nurses, midwives and health visitors and pursued the investigation to colleges of nursing and midwifery and faculties of health studies within higher education which were the new teachers areas of practice on completion of their programme.

An illuminative evaluation research design was adopted for this study (see Section 3). This model facilitated the investigation of the first three aims of the project in exploring the nature, extent, and curricular issues involved in shared learning environments. This leads to this final stage of the research in which the research team, in the tradition of illuminative evaluation (Parlett and Hamilton 1977) seek to explain the implications of the research findings. In so doing, consideration will be given to the final aim which focuses on the appropriateness of shared learning within a wider professional framework for teacher preparation.

5.1 The Extent and Range of Shared Learning (Aims 1 and 2)

The study was set in the context of a national overview of the 17 centres that delivered ENB approved teacher preparation programmes for nurses, midwives and health visitors. The initial stage of the research targeted all of these centres through a survey design which resulted in the return of 12 questionnaires.

Teacher preparation centres

The results of this survey gave a profile of the programmes on offer to potential teachers of nursing, midwifery and health visiting.

It was noted that pathways for teacher preparation are varied through modular matrix systems now established in higher education. Within this context it was found that nurses, midwives and health visitors were the predominant health professionals within the centres

Overall, the quantitative and qualitative data suggested that shared learning occurs within teacher preparation programmes. It was found that the majority of centres promote shared learning activities. However, the extent to which this was developed varied. For example, half of the teacher preparation centres focus on shared learning from a theoretical perspective only. In other words sharing of experiences took place mostly within a classroom environment. There was little evidence of the principles of shared learning being applied within the teaching practice component of the curriculum.

The findings did not discover any common agreement between the course centres as to the objectives of shared learning. The highest ranked objectives were: to increase interdisciplinary understanding and co-operation; to provide theory and practice learning opportunities; and to make effective and efficient use of resources.

Collaborative initiatives were frequently developed with the validating bodies for the programmes on offer within each centre. There were collaborative links with other colleges and hospital trusts in the recruitment of students. The future initiatives for shared learning were viewed as an extenuation of the existing learning goals.

When exploring the second aim of the study to identify shared learning in the curricula a number of issues emerged. Data production involved some curricular issues such as; the objectives of shared learning, integration of shared learning in the curricula and evaluation methods. Organisational issues such as; the preparation of staff and new teachers and collaboration between the centres and other institutions were also addressed. These are discussed below from the perspective of programme structure and teacher preparation.

Structure of Programmes

The results in this study support previous findings that the *agendas* for shared learning are in some ways a response to market forces and economy (Barr, 1994). A declining number of health professionals attending the programmes was partially due to the mergers of colleges of nursing and midwifery with higher education institutions. Another contributory factor was the reduced number of student groups at pre- and post- registration studies which has caused some over-resourcing of teaching staff in places. This situation and the delivery modes in education had in some ways created shared learning environments.

Education programmes within teacher preparation centres have evolved to create easier access, accreditation for prior experience and flexible modes of learning how to teach. The possibilities of nurse, midwifery and health visitor teachers sharing with other disciplines has therefore greatly increased over recent years. At one level these newly created structures bring with them enormous potential to develop learning processes that facilitate breaking down professional barriers and gaining informed understanding of different roles. However, there are also many restrictions for true shared learning to occur, partially due to the very nature of the programme structures within modular systems of education. This is identified as an area that requires further examination.

Intended outcomes and award systems

The learning outcomes for programmes that have elements of shared learning were usually identical for all disciplines. In connection with this, it was noted that most programmes use the same assessment and award systems for students from all disciplines but the focus of the assessment will be variable to meet the needs of the individuals.

There was general agreement on the potential benefits and barriers to shared learning at all stages of the project. The patterns identified here supported the findings from the literature discussed in Section 2. Efforts were made to deal with the issues that were seen as barriers to shared learning. Shared learning was seen as a means to dilute barriers between professional groups and to broaden the learners' perspectives on each others' roles.

Teacher Preparation

There were two components to teacher preparation. The experiences of teachers when they are students in teacher preparation centres, and the level of additional support and guidance available when they begin their role as new teachers in colleges of nursing and midwifery.

Teacher preparation centres

The new teachers' perceived that their preparation centres were not strongly in favour of shared learning, although they themselves appeared to be generally in favour of shared learning. However, most new teachers felt adequately prepared through their teacher preparation programme to develop teaching strategies, motivate mixed groups and provide examples for learners in shared learning environments.

Teacher and student preparation for shared learning was offered within nine (n = 11) of the centres. The results also suggested that the teachers and students within these centres were generally in favour of shared learning environments.

There were no formal mechanisms to evaluate shared learning in particular and the common approach was through feedback from groups and teacher feedback.

The type of preparation deemed necessary for a shared learning environment was less easily identifiable. No clear evidence was found to suggest that teachers need special preparation for their role in shared learning environments. The essence of sharing in teacher preparation programmes appeared to be based on a reflective model which facilitated cross-fertilisation of ideas.

The teaching and learning in shared learning environments.

Respondents' perceived that androgogical principles of teaching and learning were applied to the preparation of teachers for their future roles. The strategies to facilitate sharing within groups were mainly through student participation in discussions, shared reflection on practice and seminars.

In both teacher preparation programmes and colleges of nursing and midwifery similar approaches to teaching in a shared learning environment were noted. This was largely achieved by presenting core lectures for larger groups and then forming smaller seminar groups for specialist application.

With reference to minority groups in teacher preparation it was found that the specialist needs of nurses, midwives and health visitors are addressed through specialist group sessions. The nurses, midwives and health visitors input to classroom discussion and debate was valued by other professional groups

Colleges of nursing and midwifery

The quality and quantity of support mechanisms for newly qualified teachers on return to their own college were diverse. The majority of participants stated that little or no specific preparation for teachers or students for their roles in shared learning was given or offered in their workplace in the colleges of nursing and midwifery. However, it was generally recognised by mentors and managers of new teacher that this was an important area for development and occasional examples of 'good practice' were demonstrated.

The most common examples of shared learning in colleges of nursing and midwifery were cited as the Common Foundation Programmes in pre-registration studies and the common core modules for professional studies. There was also evidence of an increased interest in shared learning for post registration courses from the data findings from the mentors and managers in particular (Stage 4). This indicated that there was a potential growth in shared learning environments in the future. It was acknowledged that the new structures of nurse education would be influential in planning any developments and consequently some uncertainty was noted in this area.

The reasons for bringing groups together were specifically related to commonalties in their learning needs in relation to subject matter. In the colleges there was reference to the impact of shared learning programmes on professional practice in clinical areas but there was insufficient data on this to draw any conclusions.

5.2 Practice and Effects of Shared Learning (Aim 3)

The practice and effects of shared learning in teacher preparation was reflected in the ways in which new teachers endeavoured to use the strategies they had learned in their programmes when teaching students in colleges of nursing and midwifery. The new teachers gave accounts of their approaches to facilitate sharing between groups such as participatory learning, and the use of reflection on their own roles and practice.

In some teacher preparation programmes students studying at different academic levels were sharing at different stages within the programmes. The newly qualified teachers noted that this had caused anxiety, uncertainty and competition for some fellow students in their teacher preparation programmes. Course leaders on the other hand were of the opinion that regardless of the academic levels under study there were mixed abilities within all groups and, for example, courses perceived to be at a 'lower' academic level, such as diploma course when compared with degree course, sometimes had more able individuals within the group and vice versa.

Evaluation of Shared Learning

The major form of evaluation of shared learning can be attributed to the students themselves and the teaching staff. The study identified that shared learning was evaluated through feedback from students groups within the centres and in some colleges. However, no strong evidence was found to suggest that shared learning was explicit in formal evaluations, it was dealt with implicitly by the teachers concerned.

This situation made it very difficult to evaluate the impact of shared learning either in teacher preparation centres or in the colleges of nursing and midwifery as there was no hard data on which to base any conclusions.

Overall however, if the data collected in this study is viewed from an evaluative perspective it may be concluded that, for the majority, shared learning was evaluated positively by newly qualified teachers as a result of their experiences on the teacher preparation programmes and by more experienced teachers working as mentors and managers in colleges of nursing and midwifery. Respondents indicated more positive aspects to shared learning than negative ones and generally, the impression of having benefited through their experiences

It was however, not a consistent pattern as there was an indication to suggest that some minority groups felt their needs were not fully addressed. Those respondents who were sceptical showed concern for dilution of disciplines and the needs of minority group members. Concern for minority groups was also demonstrated in the colleges of nursing and midwifery. In the new teachers interviews there were some comments on Project 2000 programmes relating to concerns about minority groups identified (see Section 4.4).

Theory into practice

The integration of theory and practice in shared learning was considered at several stages of the study. It was noted that newly qualified teachers were enthusiastic to develop shared learning climates for their student groups and seemed to apply their own knowledge and experience to their teaching practice.

The integration of theory and practice was noted by the mentors who would like the opportunity to share teaching and monitor new teachers' development but were restricted by time and human resources

When teachers made reference to the practical aspects of their work in the context of shared learning, it was generally from the perspective of using reflection on their past experiences to facilitate sharing with colleagues in an educational environment. It may be that the expectation derived from this model of shared learning contributed to the concerns expressed by new teachers preparing Project 2000 students in that there was limited experience on which to develop sharing. There was general acknowledgement that working with experienced staff created a more appropriate environment in which they facilitate the sharing of ideas.

In the study evidence of shared learning impacting on clinical practice was scant. There was some discussion about teachers retaining a clinical role in the interviews with new teachers, mentors and managers, but the way in which this influenced shared learning was not clarified.

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5.3 Shared Learning in the Wider Context (Aim 4)

The evidence suggests that teachers of nursing, midwifery and health visiting are already in shared learning environments that incorporate other health professionals and professionals from a wider framework of general education. Course leaders and new teachers were of the opinion that the contribution of the nurses, midwives and health visitors were valued by other professional groups in group discussions and in elaboration of teaching strategies. The perception was that this group, (i.e. health professionals) had a broader experience on which to base learning. These comments were also supported by the feedback from course evaluation from multi-professional groups in a shared environment

Summary

In this section the overall findings from the study have been outlined. The implications of these findings and the conclusions arising out of the study will be discussed in the next section.

SECTION 6: DISCUSSION AND CONCLUSION

The overall aims of the project were to ascertain the extent of shared learning in teacher preparation programmes, to examine the curricula in terms of shared learning approaches, and to investigate the practice and effect of shared learning. The final aim of this project was to consider the appropriateness of shared learning within the wider professional framework for teacher preparation.

Throughout this study there was general agreement about the value of shared learning in the teacher preparation programmes, a support that was also evidenced in the teachers' practice in the colleges. The perceived gains from shared learning compare with those frequently expressed in the literature (Stanford & Yelloly et al, 1994; Barr & Shaw 1995). There was evidence of 'good practice' in some of the individual approaches adopted by teachers but overall there was little to indicate that any one institution could claim to have adopted an overall framework to address the issue of shared learning from an educationally-led perspective. Rather, the driving force supporting the development of shared learning in some centres appeared to be resources with respondents noting that it is economically valuable to pool professionals within the same environment. It is interesting to note that this is in contrast to parts of Europe where financial resources have been reported as a barrier to shared learning because of the unequal distribution of resources across continuing education for professionals (Goble 1994). If the philosophy of shared learning is to be promoted in the future in the United Kingdom care should be taken to ensure that the distribution of resources enhances rather than inhibits developments.

In the colleges of nursing and midwifery the impact of shared learning in Project 2000 courses was evident but it was clear that the shared learning did not meet with approval in all instances. This suggests that although teachers and students might perceive shared learning as a benefit to education at different levels (Tope 1994), in practice the processes are reliant on more than sharing the environment. This supports the need for more in-depth analysis of what actually occurs within a shared learning environment and highlights the question of *how, between whom and to what ends?* (Barr 1994).

Paradoxically, modular approaches to programmes created shared learning environments and, in some ways, inhibited sharing and learning from and about each other. The reason for this can be linked to the resource issues noted above. Modular schemes are seen as a flexible way of addressing core elements in a curriculum and, where core elements can be identified across different programmes opportunity is created to enable students to share learning. However, unless the teachers leading the modules take steps to create a shared learning environment there remains limited contact between student groups. The risk of this situation occuring supports the notion that shared learning should be only defined in terms of interactive learning within programmes (Shaw 1994).

Shared Learning is perceived as being appropriate for the situation that new teachers are finding themselves in the colleges of nursing and midwifery. These colleges are gradually being relocated into the higher education sector where, in an increasing number of institutions there was evidence to suggest that shared learning would be an important consideration for the future organisation of education for health care. The impact on nursing, midwifery and health visiting education will need to be considered as these were by far the greatest number of health professionals in attendance within the study centres. Some evidence exists to suggest that higher education has removed some of the barriers to shared learning between health professionals (Barr 1994). However, there is a risk in assuming commonalties across groups at the expense of socialisation of students to their chosen profession.

The illuminative approach to this study suggests that shared learning is happening within the teacher preparation centres for ENB approved programmes. There is also evidence to suggest that the similar occurrences are developed within pre- and post-registration courses for nurses, midwives and health visitors and that multi-disciplinary programmes are accelerating. The teachers of nurses, midwives and health visitors are faced with this challenge in their teaching. The need for preparation to facilitate shared learning was borne out by this study. However, the type of preparation necessary was not so clear cut. The respondents had gained from their experiences of shared learning but whether the transferability of skills is sufficient is not clear. Examples of good practice were found in relation to facilitator's style, use of reflection on practice, and the teachers abilities to articulate multi-faceted issues surrounding health.

What the findings do suggest is that there is still an issue of the type of shared learning which is happening within these environments. The models of shared learning referred to within this study compare to those described by Gill & Ling (1995) as the 'reformed model', in which the focus is on shared content in within a common core structure, and the 'reformed autonomous' model which focuses on the processes of shared learning but are not role specific, . There was no evidence to suggest that the purpose of the shared environment was specifically focused to roles or directly concerned with professionals working together to enhance a specific aspect of their role. If shared learning is to develop the teachers' skills in facilitating the same, perhaps they need to be exposed to such models in more depth. This is particularly so when facilitating groups in which there are minority groups who, the evidence suggests, have needs that they feel are not always met in shared learning environments. There is an obvious need to question the teachers' role and preparation in greater depth as these individuals are already coping with such environments.

A further consideration, is the future role of the nurse midwifery, and health visitor teacher. Two issues emerged following discussion on generic and/or specialist teaching for shared learning environments:

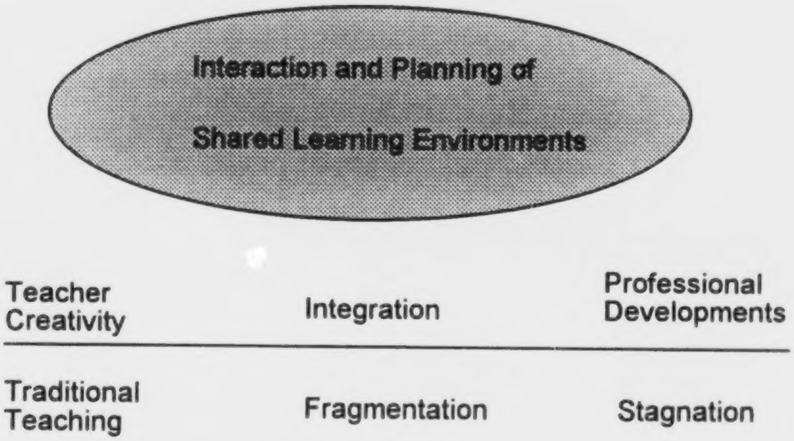
(i) **The role of the teacher**
(ii) **Integration of subject content**

The role of the teacher in nursing, midwifery and health visiting, as colleges of nursing and midwifery merge with higher education institutions, has created much discussion and debate. As most professional education has already moved into Higher Education the teachers functioning within this structure were of the opinion, that there is a need for both generic and specialist approaches to teaching health professionals in shared learning environments. This debate may prove to be of greater consequence in the future as tension between health professionals regarding professional definition and/or role convergence may increase (Barr 1994). Meanwhile, the emphasis on how to integrate subject content for the benefit of all professionals would seem to need some attention.

The findings from the new teachers' studies were that shared learning should infiltrate throughout pre-registration programmes. Presently there is a tendency to put groups together as a whole in the Common Foundation Programme but few areas in this study planned programmes to continue this process. This result in some way supports the distinction between multi-professional learning as common learning needs and inter-professional as learning about and working with, each other (Barr 1994). Although it must be appreciated that in nurse education at pre-registration level the group are uni-disciplinary, it should highlight the motives for shared learning.

The common approach to programme delivery appears to be core lectures followed by seminar work to accommodate application to practice. However, the key to successful outcomes seems to be in the interaction between teachers, as to content, the motivation, and creativity of teachers in their delivery (Shaw 1994). When these aspects are not addressed sufficiently in the planning of teacher hours and/or are not evaluated efficiently from the students and teachers perspectives, polar opposites could occur (see Figure 3).

Figure 3 Illustration of the Possible Effects of Interaction and Planning of Shared Learning


Interaction and Planning of
Shared Learning Environments
Teacher Creativity
Integration
Professional Developments
Traditional Teaching
Fragmentation
Stagnation

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The data from the new teacher interviews, suggests that the future of integration and sharing depends on two major factors:

(i) The structure and organisation of education for health professionals
(ii) Teacher preparation for their role

From a political and policy aspect these teachers were at polar opposites in that their views were either extremely in support of the changes, within their own organisation and of shared learning as a means towards health professionals learning together, or their scepticism was founded in the cost-effectiveness mode. Some of their anxieties could be proportioned to their own uncertainty within amalgamation/integration to higher education.

CONCLUSION

The illuminative approach adopted for this study has been a useful method to provide an overview of shared learning in teacher preparation programmes and to identify the strategies used to facilitate this from the perceptions of the teachers. This approach had several advantages in focusing this study on many broad issues surrounding the concept of shared learning. There were also some obvious limitations in research design and execution of the study. Each stage of the study was directed by and linked to the previous stage with the intention to provide an overview. This method within the time span restricted any in-depth analysis of the processes that occur in shared learning as outlined by the respondents. In addition small sample sizes and low response rate in Stage 3 of the study are an important consideration in the interpretation of the results. It is acknowledged that the results can only provide a picture from the perceptions of the respondents. The number of respondents cannot account for all possible initiatives and models of shared learning that may be in operation elsewhere. However, despite these limitations this evaluation has provided a framework and tools for further inquiry.

This study highlights the enthusiasm of educators towards shared learning despite restrictions imposed through programme design and resource issues. As collaboration has already developed in relation to shared learning environments in teacher preparation programmes and at pre-and post-registration level in professional education, it is the responsibility of purchasers and providers of education to identify positive and proactive measures to facilitate inter-professional education for health professionals. Several factors will need to be considered to accommodate successful outcomes. This includes the type of programmes on offer, the compilation of groups completing shared learning programmes and the processes that facilitate sharing knowledge and experience. In particular curriculum planners need to consider the content which most facilitates shared learning and teachers need to be pro-active in their teaching strategies.

This enquiry supports the view that to date inter-professional education and practice lack a theoretical basis (Leathard 1994). There is clearly a need to evaluate the processes in shared learning models in greater depth and develop a typology of shared learning. Furthermore, there is a continuing need to evaluate the processes of shared learning as they occur through action research and in-depth rigorous research of interactive models of learning to determine the impact of this on the next generation of health professionals in their work.

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Appendices

Appendix 1

Stage 1 of study:

- **1.1 Questionnaire (1) Course Centre Survey**
- **1.2 Letters to teacher preparation centres**

Appendix 2

Stage 2 of study:

- **2.1 Interview schedule - Course Leaders**

Appendix 3

Stage 3 and 4 of study:

- **3.1 Questionnaire (2) New Teacher Survey**
- **3.2 Telephone Interview Schedule - New Teachers**
- **3.3 Letters to New Teachers**

Appendix 4

Stage 5 of study:

- **4.1 Telephone Interview Schedule for Mentors**
- **4.2 Telephone Interview Schedule for Managers**
- **4.3 Letter to Mentors and Managers**

Appendix 5

Additional Tables

Appendix 1.1

BIRMINGHAM AND SOLIHULL COLLEGE OF NURSING AND MIDWIFERY

ENB commissioned project:

An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

SHARED LEARNING EVALUATION QUESTIONNAIRE (1)

The aim of this questionnaire is to evaluate shared learning initiatives in courses preparing Nurse, Midwife and Health Visitor Teachers in your organisation.
In this context **shared learning** is defined as -

> **'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes'** (ENB 1990).

Organisation No.

NB If the contact address to which this questionnaire was sent differs to your address please note address to which any future correspondence should be sent:

Address:

Telephone No.

COURSE(S) PROFILE

The purpose of this section is to develop a profile of teacher preparation courses offered by your institution and, where relevant, any shared learning that occurs. Please complete the following 2 sections as indicated

Title of Teacher Preparation Courses at this centre	Nature of course		Number of students per course 1 = **approved number** 2 = **actual number**									Is shared learning an option on this course ?		Approximate percentage of course time that involves shared learning (if applicable)
			Nurses		Midwives		H.V.s		Others (please specify)			YES	NO	
	Full time	Part time	1	2	1	2	1	2	1	2				

Please indicate by marking a X on the grid to indicate which professional groups share learning on courses in your institution (if applicable)

	Nurses	Midwives	Health Visitors	Physio	Social Workers	Occ Therapists	Others (specify)
Nurses							
Midwives							
Health Visitors							
Physiotherapists							
Social Workers							
Occ Therapists							
Others (specify)							

Are your courses validated by the ENB ? YES ☐ NO ☐

BEST COPY AVAILABLE

What other institutions validate your courses ? ....

Q1: **Does the curriculum in your organisation promote shared learning?** Yes ☐ No ☐

If the answer is **yes** please proceed to **Q2**.

If the answer is **no** please proceed to **Q13.**

Q2: **Please rank order all of the following objectives of shared learning**

(1 = most important, 8 = least important)

☐ To develop practical skills

☐ To prepare student teachers for future career prospects

☐ To increase interdisciplinary understanding and co-operation

☐ To break down language barriers between disciplines

☐ To provide effective/efficient service for consumers

☐ To provide theory and practice learning opportunities on an interdisciplinary basis

☐ To produce competent interdisciplinary teachers through systematic planning

☐ To make effective/efficient use of resources

Q3: **Please tick one appropriate box under each of the following questions to indicate where shared learning is incorporated into the curriculum.**

3.1 In the COURSE CONTENT is shared learning evident in -
Theory & practice ☐ Theory only ☐ Practice only ☐ none ☐

3.2 Are the LEARNING OUTCOMES for each of the groups participating in shared learning the - same ☐ distinct ☐ not relevant ☐

3.3 Are the ASSESSMENT PROCESSES for each of the groups participating in shared learning the - same ☐ distinct ☐ not relevant ☐

3.4 Are the AWARDS/CREDITS for each of the groups participating in shared learning the - same ☐ distinct ☐ not relevant ☐

3.5 Any comment on your answers to Q3

Q4: **Are staff prepared for their role in shared learning?** Yes ☐ No ☐

If the answer is **yes** please indicate the level of preparation by marking the line below

Not prepared ________________________________ Fully prepared

Q5: **Are students prepared for their role in shared learning?** Yes ☐ No ☐

If the answer is **yes** please indicate the level of preparation by marking the line below:

Not prepared ________________________________ Fully prepared

Q6: **Are shared learning outcomes evaluated?** Yes ☐ No ☐ Don't Know ☐

If **yes**, rank in order of importance the following evaluation methods that are most salient to your organisation (1 = most important, 7 = least important)

☐ Feedback from students
☐ Feedback from course teachers/lecturers
☐ Competency-based outcomes
☐ Feedback from clients (i.e. if shared learning occurs in practice setting)
☐ Changes in course teacher's professional performance
☐ Audit reports
☐ Others (please specify) ....

....

Q7.1 Please identify which professional/educational organisations collaborate in the provision of shared learning initiatives.

☐ Service managers/representatives
☐ Higher education representatives
☐ Nursing/Midwifery professional organisations
☐ N.C.V.Q. (for NVQs in teaching and assessing)
☐ Others (please specify) ....
....
....

Q7.2 Please indicate if collaboration includes any of the following?

	Yes	No
Conjoint development of educational policies	☐	☐
Conjoint validation of programmes	☐	☐
Recruitment of students	☐	☐
Monitoring courses	☐	☐
Assessment of students	☐	☐
Evaluation of courses	☐	☐
Preparation of staff for their role	☐	☐

Other (please expand) ....
....

Q8: From the experience within your organisation please rank in order of importance THREE beneficial outcomes of shared learning.

1. ....
2. ....
3. ....

Q9: **From the experience within your organsiation please rank in order of priority the THREE main problems with shared learning.**

1. ....

2. ....

3. ....

Q10: **Please indicate on the line how course teachers perceive shared learning**

Not in favour |____| Completely in favour

Q11: **Please indicate on the line how students perceive shared learning**

Not in favour |____| Completely in favour

Q12: **Rank the following goals regarding shared learning initiatives in order of importance to your organisation** (1 = most important, 7 = least important)

☐ Review/credit award systems
☐ Develop a curriculum model/framework
☐ Enhance teaching/learning strategies
☐ Develop teachers for their role
☐ Extend shared learning initiatives
☐ Promote existing shared learning initiatives
☐ Others (please specify)

Q13. Any additional comment on shared learning in general.

Please include factors that influence the use of shared learning and any initiatives that are unique to your organisation (if applicable).

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE.

CC/JW/PT

Ext: 3450

An Evaluation of Shared Learning in Education Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers - Project

We are undertaking the above Research Project for the English National Board between March - December 1994. We are writing now to introduce ourselves and to seek your permission to pursue key people within your educational establishment.

Stages within the project include:

(a) a focus on the curricular content within board approved programmes.

(b) an examination of teachers' and students' perceptions of shared learning experiences.

(c) an appraisal of the practice of shared learning.

The first stage of the project involves exploring curricular for courses leading to teacher qualifications for nurses, midwives and health visitors. Following this we anticipate circulating questionnaires and undertaking interviews with teachers and students in selected institutions. We envisage that data collection time within individual institutions would amount to a maximum of 3 days over the entire project.

Please find attached a reply slip authorising access to relevant personnel.

We would appreciate your co-operation in the development of this project. If you require any further information about the research project please contact;

Collette Clifford - Project Research Co-ordinator
Johanne Wall - Project Research Assistant

Re: An Evaluation of Shared Learning in Education Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers - Project

I agree to Collette Clifford and Johanne Wall having access to personnel in connection with the above project.

Signed ....

Designation..

Please reply to:
Research & Development Department
Telephone: 021-627 2030, Ext. 3450

19th April 1994

Dear Colleague

Re: ENB commissioned project: An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

Thank you for responding to our earlier letter outlining the purpose of this project. We are writing at this stage to ask your help in undertaking a survey on shared learning in educational programmes of preparation for nurse, midwife and health visitor teachers. The aim of the survey is to investigate the current position of shared learning within the organisations preparing this group of teachers.

At this stage of the project we are interested in the organisational perspective of shared learning rather than individual views. The purpose of this is to develop a national picture of the amount of shared learning that occurs within these programmes.

Each participating organisation has been allocated a research number to facilitate follow up studies but please note that individual institutions will not be identified in the report and all replies will be treated in the strictest confidence.

We would be grateful if, on behalf of your organisation, you would please complete the enclosed questionnaire and return it in the stamped addressed envelope by **May 6th.**

Thank you very much for your help in this survey.

Yours sincerely

Johanne Wall (Research Assistant) **Collette Clifford** (Project co-ordinator)

Appendix 2.1

BIRMINGHAM AND SOLIHULL COLLEGE OF NURSING AND MIDWIFERY

ENB commissioned project:

An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

SHARED LEARNING INTERVIEW SCHEDULE FOR COURSE LEADERS

21 May, 1995

The aim of this interview is to examine shared learning initiatives in courses preparing Nurse, Midwife and Health Visitor Teachers in your organisation in more detail.

Organisation No. ____________

Interview Date:

Place:

Course Leader: **Title:**

Participants Name (if different to course leader): **Title:**

Telephone No.

COURSE LEADERS INTERVIEW SCHEDULE

In this context **shared learning** is defined as -

> **'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes'** (ENB 1990).

Q1. HOW DO YOU DEFINE SHARED LEARNING?

Q2. DETAILS OF CONTEXT:

Location: (eg, a dept. within the University)

Course(s) Structure

Q3. CURRICULUM CONTEXT

How is shared learning promoted?

Objectives of shared learning?

Documentary evidence?

COURSE CONTENT	Theory & practice ☐	Theory only ☐	Practice only ☐
LEARNING OUTCOMES	same ☐	distinct ☐	not relevant ☐
ASSESSMENT PROCESSES	same ☐	distinct ☐	not relevant ☐
AWARDS/CREDITS	same ☐	distinct ☐	not relevant ☐

Q4. PROVISION OF SHARED LEARNING

(a) Organisations

Conjoint development of educational policies
Conjoint validation of programmes
Recruitment of students
Monitoring courses

Assessment of students
Evaluation of courses

(b) Teachers
    Preparation
    Teaching Strategies
    Examples of good practice
    Specialist versus Generic Teaching Skills
(c) Groups

    Entry behaviour of Students

Preparation

Evaluations

Q5. OUTCOMES

Q6. FUTURE TRENDS

Are you planning any changes?
How do you foresee teacher preparation developing?
Broad scope in curriculum-empoyment prospects-HE?

Q7. ACCESS TO STUDENT GROUPS

BIRMINGHAM AND SOLIHULL COLLEGE OF NURSING AND MIDWIFERY

SHARED LEARNING EVALUATION QUESTIONNAIRE (2)

FOR COMPLETION BY: NURSE, MIDWIFE AND HEALTH VISITOR TEACHERS

An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

(An ENB commissioned project)

PROJECT TEAM: Collette Clifford, Carolyn Hicks and Johanne Wall

THE QUESTIONNAIRE IS IN TWO PARTS:

PART ONE	This section asks for information on your experiences within the context of your teacher preparation course
PART TWO	This section asks for information on your experiences within the context of your present teaching position

DEFINITION OF SHARED LEARNING

'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes' (ENB 1990).

Code No:

Please return the completed questionnaire in the envelope provided by ....
Many thanks for your help with this project.

PART ONE:

1. **Please indicate your age**

less than 30 ☐
31-35 ☐
36-40 ☐
41-45 ☐
46-50 ☐
50+ ☐

2. **Please indicate your gender** ☐ male ☐ female

THE FOLLOWING QUESTIONS RELATE TO THE TEACHER PREPARATION COURSE YOU HAVE COMPLETED

3. **Please indicate below the area for which you have had teacher preparation**

Curriculum area	Please tick
Nursing	
Midwifery	
Health Visiting	
Other (s) please specify in space below	

4. Please indicate below the type of course attended

Type of Course	Part time	Full time	Please tick
PGCE/Cert Ed			
PGCE			
BSc (Nurse Education)			
MSc Diploma Health Professionals			
BA Nursing/Midwifery Education Studies			
Post Grad Diploma in Education			
BEd (Hons)			
Other please specify in space below			

5. **Date of commencement of your course:** ....

Date of completion: ....

6. **Please indicate with which professional group(s) you shared learning by ticking the appropriate boxes below**

	Please tick
Nurses	
Midwives	
Health Visitors	
Physiotherapists	
Social Workers	
Occupational Therapists	
Others (please specify)	

7. **Please tick one appropriate box under each of the following questions to indicate where shared learning was incorporated into the curriculum.**

7.1 In the COURSE CONTENT is shared learning evident in -
Theory & practice☐ Theory only ☐ Practice only ☐ none ☐

7.2 Are the LEARNING OUTCOMES for each of the groups participating in shared learning the - same☐ distinct ☐ not relevant ☐

7.3 Are the ASSESSMENT PROCESSES for each of the groups participating in shared learning the - same☐ distinct ☐ not relevant ☐

7.4 Are the AWARDS/CREDITS for each of the groups participating in shared learning the - same☐ distinct ☐ not relevant ☐

7.5 **Any comment on your answers to Q7?**

8(a) **Other people have identified the following attributes to shared learning. From your experience please indicate your level of agreement with these statements where :**

SA = Strongly Agree
A = Agree
U = Uncertain
D = Disagree
SD = Strongly Disagree.

SHARED LEARNING:	SA	A	U	D	SD
Promotes mutual understanding of roles					
Disadvantages minority groups					
Promotes creative teaching					
Helps breakdown professional barriers					
Limits teaching to principles of the topic only					
Enriches the learning process					
Increases cost effectiveness					
Can provoke anxiety in students					
Enhances personal development					
Dilutes specialist subject matter					
Encourages self-appraisal					
Causes problems in planning programmes					
Promotes collaborative teaching					
Requires specific preparation for teaching					
Creates interdisciplinary rivalry					
Is a cost cutting exercise					

8(b). **Please state any other attributes you have personally identified that are not mentioned above**

9(a) Please indicate on the line below your estimation of how shared learning was viewed within your teacher preparation centre

Not in favour — Completely in favour

9(b) Please give reason(s) for your answer

10(a) Please indicate on the line how you perceive shared learning

Not in favour — Completely in favour

10(b) Please give reason(s) for your answer

PART TWO:

THE FOLLOWING QUESTIONS RELATE TO YOUR EXPERIENCES IN YOUR PRESENT POSITION AS A TEACHER

11. **Please complete the following questions about your orientation to your present role**

Questions	**Yes**	**No**
Did you undergo an induction programme ?		
Did you observe different teaching styles?		
Did you work alongside an experienced teacher?		
Did you have a mentor?		
Did you teach in shared learning environments?		

12. **Are you aware of any initiatives regarding shared learning within your college?**

YES☐ NO☐

If **YES**, please expand

13. **In your college are teachers prepared for their role in shared learning environments?** YES☐ NO☐

(a) If the answer is **YES** please indicate the level of preparation by marking the line below

Not prepared ——— Fully prepared

(b) **Please give reason(s) for your response to 13**

14. **In your college are students prepared for their role in shared learning?**

Yes ☐ No ☐

(a) If the answer is **YES** please indicate the level of preparation by marking the line below:

Not prepared Fully prepared

(b) **Please give reason(s) for your response to 14**

15. **In your college are shared learning outcomes evaluated?**

Yes ☐ No ☐ Don't Know ☐

If **YES** please state how.

16. **Please identify ANY professional/educational organisations that collaborate in the provision of shared learning initiatives.**

17. **We would like to know how well you believe you were prepared during your teaching course to teach students in shared learning situations**

ADEQUACY OF PREPARATION

Statement	**Very well**	**Quite well**	**Uncertain**	**Poorly**	**Not at all**
Developing teaching strategies					
Motivating mixed groups					
Meeting needs of minority groups					
Providing relevant examples for learners					
Developing curriculum frameworks					
Other(s) please specify in space(s) below					

18. **Any additional comment on shared learning in general.**
Please include factors that influence the use of shared learning and any initiatives that are unique to your organisation (if applicable).

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE.

Appendix 3.2

NEW TEACHERS TELEPHONE INTERVIEW SCHEDULE

Thank you for completing the questionnaire and agreeing to this follow up interview the purpose of which is;

(a) to expand on how you feel you were prepared for your role as teacher through a shared learning environment
and
(b) to gain insight into how you teach in a shared learning environment.

Q1 **How do you define shared learning?**

Prompt:- key words eg; unidisciplinary,interdisciplinary, multidisciplinary

Q2 **How do you define shared teaching?**

Prompt:- key words differences in- 'team teaching' and/or 'shared teaching'

Q3 **Can you give me a common example of shared learning in your present teaching practice?**

Prompt:- group composition and subject matter

Q4 **When are your students not in a shared learning context?**

Prompt: give a common example

Q5 **What consideration do you give to shared learning in your timetable planning ?**

Prompt: eg; are students introduced to shared learning?

Refering back to your experiences on your teacher preparation course.....

Q7 **Do you use any particular approaches in your teaching within a shared learning context since course completion?**

yes ☐ **no** ☐

Prompt:- if yes how?

Q8 What teaching approaches in shared learning environments were:

(a) discussed?

(b) utilised?

(c) assessed?

Q9 How do you motivate mixed groups?

Q10 (a) How do you evaluate the outcomes of these approaches?

Prompt: What else do you do?

(b) How do the student groups evaluate these approaches?

Prompt:-of different disciplines, and/or of different areas of nursing

Q11 How do you meet the needs of minority members or subgroups?

Q12 How do you provide specific examples for learners from different disciplines?

Prompt:- give common example

Q13 Is shared learning facilitated within an academic context only?

yes ☐ **no** ☐

If no:

Prompt:-examples of shared learning in clinical practice own experience and/or students experience

Q14 Is there a stage or level in nurse education where shared learning is most appropriate

yes ☐ **no** ☐

Q15 How do you envisage shared learning initiatives developing in nurse, midwifery, and health visiting education?

Prompt:-pre-registration, post-registration, and teacher preparation

November 1994

To: New Teachers

Dear Colleague

Re: ENB commissioned project: An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife and Health Visitor Teachers

We are undertaking the above Research Project for the ENB. WE would be grateful if you will assist us in the project by completing the enclosed questionnaire.

We have asked the course leaders on you teacher preparation programme to forward this to you and in that way the responses will be completely anonymous. There is a code number on the questionnaire to identify the teacher preparation centres but there is no way of identifying the respondents. Once the data is analysed the centre codes will be removed from any presentation of the results.

The results form the completed study will be presented by the ENB in their series of research publications and so will be widely available to enable you to see the results of the project.

If you require any further information please contact the research team at the above number.

Yours sincerely

Johanne Wall
Research Assistant

Queen Elizabeth Education Centre, Edgbaston, Birmingham B15 2TH/
Tel: 021/627/2030 Fax: 021/414/1581

JW/Dec - Ext: 3450 11th December, 1994

Dear

Re: ENB Commissioned Project:
An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife, and Health Visitor Teachers

Thank you for completing the questionnaire for me and agreeing to participate in an interview. I intend to carry out the interviews by telephone but I haven't got your number. Would you please contact the secretary on the above extension with a time and number for me? The interview will be approximately 15 minutes and I would like to record it if you will agree, otherwise I will take notes during the process.

Can I also ask you to nominate your mentor (preferably) or an experienced (in length of time) teacher in your establishment who might also agree to participate in a telephone interview. I want to do a snowballing technique in sampling and as the holiday period is just around the corner I anticipate that it will most likely be January before I can get responses. Consequently, I am taking a liberty in enclosing the appropriate documentation for your mentor hoping that you will not mind delivering this for me. I would be grateful for your help in this matter.

Yours sincerely,

Johanne Wall

TELEPHONE INTERVIEW SCHEDULE FOR MENTORS

- Give outline of the project and the suggested format of the interview.
- Identify the persons role in the establishment

Q1. How do you define shared learning?

Q2. Can you give me examples of shared learning in your establishment?

Q3 What are the reasons for shared learning?
Prompt: Resource driven or a strategy to enrich learning?

Q4 Do teachers need preparation to facilitate shared learning?

Q5 How do you view your role as mentor in the new teacher's development?
Prompt:- in facilitating shared learning
-how does this happen?

Q6 What teaching and learning strategies are used to facilitate shared learning?
Prompt: the processes involved in shared learning

Q7 In your experience as a mentor, what are the benefits of and barriers to shared learning ?

Q8 Did you experience shared learning in your own teacher preparation?

Q9 How do you envisage shared learning initiatives developing in nurse, midwifery and health visiting education ?

Prompt: in your establishment and nationally.

Any other comments?

TELEPHONE INTERVIEW SCHEDULE FOR MANAGERS

- Give outline of the project and the suggested format of the interview
- Identify the persons role in the establishment

Q1. How do you define shared learning?

Q2. What are the reasons for shared learning in your establishment?

Q3. How is shared learning built into your programmes?

Q4. What are the managerial issues that need to be considered?

Q5. How do the teachers' perceive shared learning?

Prompt: and newly qualified teachers?

Q6. Do teachers need preparation to facilitate shared learning?

Prompt: reasons for your answer

Q7. Is there any specific preparation offered to the teachers in your establishment?

Q8. How do you perceive shared learning?

Q9. How do you envisage shared learning initiatives developing in nurse, midwifery and health visiting education?

Prompt: in your establishment and nationally

Any other comments?

Appendix 4.3

JW/Dec - Ext: 3450 16th January, 1995

Dear Colleague,

Re: ENB Commissioned Project:
An Evaluation of Shared Learning in Educational Programmes of Preparation for Nurse, Midwife, and Health Visitor Teachers

We are undertaking the above Research Project for the English National Board Shared learning has been defined as:

> 'a planned approach within a curriculum leading to shared knowledge and experience between groups undertaking teacher preparation programmes' (ENB 1990).

Stages within the project include :

(a) a focus on the content within board approved programmes.
(b) an examination of managers', teachers' and students' perceptions of shared learning experiences
(c) an appraisal of the practice of shared learning.

The final data collection involves telephone interviews with mentors to newly qualified teachers and managers within the same institution. Due to the time span of this project the sampling process is a 'snowballing technique' whereby each person interviewed is asked to nominate a mentor or manager whom they feel might participate. Your name was nominated by ....

I would like to arrange an appointment to conduct this telephone interview which will take approximately 15 minutes. Please indicate whether you are willing to participate and suggest an appropriate time. I would appreciate if you could nominate your line manager or a member of your management team and kindly forward the envelope addressed 'manager' accordingly.

Individuals or institutions will not be identified in the report and all replies will be treated in the strictest confidence. The results from this completed study will be presented by the ENB in their series of Research publications, and so will be widely available for review. If you require any further information, please contact the project team at the above address. A stamped addressed envelope is enclosed for your response. Thanking you in anticipation for your help in this project.

Yours Sincerely,

Johanne Wall (Research Assistant) Collette Clifford (Project Co-ordinator)

Please return to:

Johanne Wall,
Birmingham & Solihull College of Nursing and Midwifery
Queen Elizabeth Education Centre,
Edgbaston,
Birmingham B15 2TH.

I am willing to be interviewed **Yes** ☐ **No** ☐

Name:..

Telephone No:..

Signed..

Please indicate times when it would be convenient for interview in January 1995

Date:

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
9.00					
10.00					
11.00					
12.00					
13.00					
14.00					
15.00					
16.00					
17.00					
18.00					

I have nominated the following manager as a potential participant in the project:

Name:..

Position:..

Telephone no:..

Please return to:

Johanne Wall,
Birmingham & Solihull College of Nursing and Midwifery
Queen Elizabeth Education Centre,
Edgbaston,
Birmingham B15 2TH.

I am willing to be interviewed **Yes** ☐ **No** ☐

Name:..

Telephone No:..

Signed..

Please indicate times when it would be convenient for interview in January 1995

Date:

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
9.00					
10.00					
11.00					
12.00					
13.00					
14.00					
15.00					
16.00					
17.00					
18.00					

TABLE A1: New Teachers Definitions of Shared Learning

Defining Shared Learning	Defining Shared Teaching	Defining Team Teaching
Unidisciplinary-nurses with different backgrounds Multidisciplinary- BSc Health	When several disciplines cover a module	Colleagues teach together in specialism to achieve the overall aim in a wider context
Learning within a multidisciplinary team	Two teachers run a course and share feedback, assessments and liaison with others	
A mode for learning that encompasses a student centred approach unidisciplinary -same discipline multidisciplinary-different disciplines	Team teaching with two qualified people	
Emphasis on the value of a broad degree of experience offered by the students from very different educational backgrounds Scope for exploration of educational issues	Shared workload within a college, inter branch conferences, different teaching	Two or more teachers in the classroom at the same time
Peer group participation	Purchase of a specialist	All in faculty tend to be team
Shared learning is viewed as the development of specialists through Benner's model.	Shared and team teaching are much the same with participation from teacher and student group	Theme and team teaching occur in this area
Assisting each other in a process and sharing the information gained and applying this in practice		
Unidisciplinary-deliberate integration within pre and post registration education within the disciplines of nursing/midwifery Deliberate intervention on behalf of the teacher to integrate epistemologies into practice		

Core education where different disciplines in health care have joint learning in common areas as a multidisciplinary approach		
A learning situation across a multidisciplinary group nurses/midwives as only one discipline Higher Education have a lead lecture and involvement of many groups which is not necessarily shared learning		
Learning with other disciplines multidisciplinary or within a discipline with sub decisions for example in nursing	Within a discipline people from different specialities similar to team teaching	
Multidisciplinary learning based on shared knowledge and experience with people other than your own discipline	Involvement of different disciplines but not at the same time	
Learning that is a two way process between facilitator and students incorporating reflection for both	Team teaching with related disciplines	
When multidisciplinary groups come together to discuss a course subject and take from it the pertinent parts for application to their own area. The process should give students a wider viewpoint	Students and facilitators sharing teaching	Facilitators or teachers sharing
different disciplines in the same group and different levels	Between teachers in seminar work	